CAMBRIDGE
OCR

Specification

Cambridge Advanced National in Health and Social Care

Cambridge OCR Level 3 Alternative Academic Qualification
Cambridge Advanced National in Health and Social Care

Certificate | H025
Extended Certificate | HI25
For first teaching in 2025

Version 5.0 | September 2025
ocr.org.uk/cambridge-advanced-nationals

CAMBRIDGE
ADVANCED
NATIONALS

About our new name

As of September 2025, our name is Cambridge OCR.

Students who sat an exam **in summer 2025** will receive a Cambridge OCR branded exam certificate (our new brand), which will be the same for all future exam series.

You'll continue to see the OCR or Oxford Cambridge and RSA Examinations name while we work to update our material to our new name, Cambridge OCR. This will take some time, and you can still access all up-to-date qualification resources and materials via Teach Cambridge.

Important: We'll keep the OCR/Oxford Cambridge and RSA name on existing teaching resources while the content of these remains applicable to the specification being taught. **New and refreshed** resources will be produced using the Cambridge OCR name/logo.

Are you using the latest version of this specification?

The latest version of our specifications will always be on our website and may differ from printed versions. We will inform centres about changes to specifications.

Tell us what you think

Your feedback plays an important role in how we develop, market, support, and resource qualifications now and into the future. We want teachers and students to enjoy and get the best out of our qualifications and resources, but to do that we need honest opinions to tell us whether we're on the right track or not. That's where you come in.

You can email your thoughts to ProductDevelopment@OCR.org.uk or visit our feedback page to learn more about how you can help us improve our qualifications.

Designing and testing in collaboration with teachers and students

Helping young people develop an ethical view of the world

Equality, diversity, inclusion and belonging (EDIB) are part of everything we do

Specification updates

Key changes have been listed below:

Section	Change	Version and date of issue
	Draft specification	Version 1
	Unit F090 Taught content updated for 3.9 Unit F091 Taught content updated for 4.1.4 Unit F093 Exemplification updated for 2.1 and Taught content for 3.4 Unit F094 Taught content updated for 3.2 and Assessment guidance updated Unit F095 Exemplification updated for 2.2 Unit F096 Assessment guidance updated Unit F097 Exemplification updated for 1.1 and Assessment guidance updated	Changes between Version 2 and Version 4
Section 8.2	New section added: Collecting evidence of student performance to ensure resilience in the qualifications system	
Section 2	'Why Choose Cambridge OCR' updated text	Version 5 (September 2025)
Section 3	Updated information about: • Registering students and making entries • Exam resits • NEA submission	
Section 7	Enhanced guidance about: • The use of set assignments, including templates provided • Appropriate use of the internet when completing assignments • Assessing student work and providing feedback, including informing students of their marks • Digital submission of work • Submitting outcomes and sample requests to us (including timeframes) • Resubmitting moderated work • The use of URS or recording sheets	
Sections 7 and 8	Updated information to ensure compliance with new JCQ requirements and guidance.	
Section 8	Updated information about: • Registering students • Making unit entries • Making certification claims • Unit and qualification resits	
Section 5	Unit F092 updated Assessment guidance. Unit F093 P7 Assessment criteria amended and added Assessment guidance for M5.	

 © Cambridge OCR 2025

Contents

Specification updates 3
1 Qualifications at a glance 6
1.1 Qualification structures 6
1.2 Comparison between the Cambridge Advanced Nationals Qualifications and the Level 3 Cambridge Technicals qualification models 7
2 Why choose Cambridge OCR? 10
2.1 Our specifications 10
2.2 Our support 10
2.2.1 More help and support 11
2.3 People and Planet 11
2.4 Aims and learning outcomes 11
2.5 What are the key features of this specification? 12
2.6 Acknowledgements 12
3 Qualification overview 13
3.1 Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate) overview 13
3.2 Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate) overview 15
3.3 Purpose statement – Certificate 17
3.4 Purpose statement – Extended Certificate 20
4 About these qualifications 26
4.1 Qualification size 26
4.2 Availability and language 26
4.3 Prior knowledge and experience 26
5 Units 27
5.1 Guidance on unit content 27
5.1.1 Externally assessed units (F090 and F091) 27
5.1.2 NEA units (F092–F097) 28
5.1.3 Command words 28
5.1.4 Performance objectives (POs): 28
5.2 Externally assessed units 29
5.2.1 Unit F090: Principles of health and social care 29
5.2.2 Unit F091: Anatomy and physiology for health and social care 39
5.3 NEA Units 59
5.3.1 Unit F092: Person-centred approach to care 59
5.3.2 Unit F093: Supporting people with mental health conditions 69
5.3.3 Unit F094: Supporting people with long term physiological conditions 80
5.3.4 Unit F095: Investigating public health 88
5.3.5 Unit F096: Supporting people in relation to sexual health, pregnancy and postnatal health 99
5.3.6 Unit F097: Supporting healthy nutrition and lifestyles 110
6 Assessment and grading 121
6.1 Overview of the assessment 121
6.2 Synoptic assessment 124

 © Cambridge OCR 2025

6.3 Transferable skills 124
6.4 Grading and awarding grades 124
6.5 Performance descriptors 127
7 Non examined assessment (NEA) units 128
7.1 Preparing for NEA unit delivery and assessment 128
7.1.1 Centre and teacher/assessor responsibilities 128
7.2 Requirements and guidance for delivering and marking the set assignments 130
7.2.1 Ways to authenticate work 133
7.2.2 Group work 133
7.2.3 Plagiarism 133
7.3 Feedback 135
7.3.1 Reporting suspected malpractice 137
7.3.2 Student and centre declarations 138
7.3.3 Generating evidence 138
7.3.4 Teacher Observation Records 139
7.3.5 Presentation of the final piece of work 140
7.4 Assessing NEA units 140
7.4.1 Applying the assessment criteria 140
7.4.2 Annotating students' work 141
7.4.3 Internal standardisation 141
7.4.4 Reattempting work to improve the grade before submitting marks to us 142
7.4.5 Resubmitting moderated work to us to improve the grade 142
7.5 Moderating NEA units 143
7.5.1 Submitting outcomes 143
7.5.2 Sample requests 143
7.5.3 NEA outcomes 144
8 Administration 145
8.1 Assessment availability 145
8.2 Collecting evidence of student performance to ensure resilience in the qualifications system 145
8.3 Equality Act information relating to Cambridge Advanced Nationals 145
8.4 Accessibility 145
8.5 Requirements for registering students and making unit entries 146
8.5.1 Registering your students 146
8.5.2 Making unit entries 146
8.6 Making certification entries 147
8.7 Unit and qualification resits 147
8.8 Post-results services 148
Appendix A: Command Words 149
External assessment 149
Non examined assessment (NEA) 150

 © Cambridge OCR 2025

1 Qualifications at a glance

1.1 Qualification structures

Key to units for these qualifications:

EA = External Assessment	We set and mark the exams for these units.
NEA = Non Examined Assessment	We set the assignment for these units. You assess the assignment and we moderate the assessment.
M = Mandatory	Students must complete these units.
O = Optional	Students must complete some of these units.
GLH = Guided Learning Hours	The teacher contact time needed to teach the content, plus the assessment time for the unit.

Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate)

For this qualification, students must complete three units:

- One mandatory externally assessed unit
- Two mandatory NEA units

Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate)

For this qualification, students must complete six units:

- Two mandatory externally assessed units
- Two mandatory NEA units
- Two optional NEA units

Unit no	Unit title	Unit ref no (URN)	Guided learning hours (GLH)	Assessment method	Certificate	Extended Certificate
F090	Principles of health and social care	M/651/0902	80	E	M	M
F091	Anatomy and physiology for health and social care	R/651/0903	80	E	-	M
F092	Person-centred approach to care	T/651/0904	50	N	M	M
F093	Supporting people with mental health conditions	Y/651/0905	50	N	M	M
F094	Supporting people with long term physiological conditions	A/651/0906	50	N	-	O
F095	Investigating public health	D/651/0907	50	N	-	O
F096	Supporting people in relation to sexual health, pregnancy and postnatal health	F/651/0908	50	N	-	O
F097	Supporting healthy nutrition and lifestyles	H/651/0909	50	N	-	O

 © Cambridge OCR 2025

1.2 Comparison between the Cambridge Advanced Nationals Qualifications and the Level 3 Cambridge Technicals qualification models

	Area of comparison	Approach used in these Level 3 Cambridge Advanced Nationals qualifications	Approach used in the Level 3 Cambridge Technicals qualification model	Reasons for the change
1	The size of the qualifications	Qualifications are available in two sizes • 180 GLH • 360 GLH The 180 GLH qualification includes nested units from the 360 GLH qualification.	Qualifications are typically available in the following sizes: • 180 GLH • 360 GLH • 540 GLH • 720 GLH • 1080 GLH	For this subject, the Department for Education allows: • a maximum size of 360 GLH for these qualifications. • a maximum of two qualification sizes.
2	Number and duration of external assessments	180 GLH qualification: • One externally assessed unit • Exam is 1 hour 30 minutes 360 GLH qualification: • Two externally assessed units • Exams are 1 hour 30 minutes	There are no exams in the 2012 qualifications. In the 2016 suite, there is a minimum requirement of 30% external assessment.	It is an Ofqual requirement to have 40% external assessment in these qualifications. The exam design is intended to aid accessibility and encourage student engagement while easing the exam burden for students and timetabling.
3	Format of the exam	Each exam is available in January and June and is paper-based.	Each exam is available in January and June and is mainly paper-based.	It is an Ofqual requirement to have two assessment opportunities per assessment.
4	Setting the NEA assignment	We will set all NEA assignments.	We provide a model assignment, or centres can set their own.	This is a requirement of our Regulator, Ofqual.
5	Lifespan of the assignment	Each assignment will remain live for **two** years, with a new assignment being released every year.	Assignments can be used for a number of years.	This is a requirement of our Regulator, Ofqual.
6	The approach to achieving unit grades on the NEA units and its impact on qualification outcomes	These take a ‘compensatory’ approach. This means that:	These take a ‘hurdles’ approach. This means students must achieve: • all pass criteria to achieve a unit pass	The Cambridge Advanced Nationals qualifications are designed for academic progression. A compensatory approach rewards students for what they can do by

 © Cambridge OCR 2025

		• the unit grade students achieve is based on the **total** number of criteria achieved for that unit. • the total number can come from any combination of the pass, merit or distinction criteria. • students do not have to achieve all criteria for a grade to achieve that grade (e.g. all pass criteria to achieve a unit pass). • if students do not achieve enough total criteria for a unit pass, the criteria they do achieve will still earn uniform marks (UMS) which will count towards their qualification outcome. • The qualification outcome is based on the combined total UMS achieved for all units. This means that students may still pass the qualification if they achieve enough total marks, even if they do not pass all units. Every mark counts!	• all pass and merit criteria to achieve a unit merit. • all pass, merit and distinction criteria to achieve a unit distinction. • At least a pass for each NEA unit to achieve the qualification (along with at least a near pass in the examined unit/s).	combining marks achieved to calculate a qualification outcome.
7	Number of NEA Assessment Criteria	Each NEA unit of the same size has a fixed and consistent number of pass, merit and distinction assessment criteria, within and across qualifications.	The number of pass, merit and distinction assessment criteria differs across units and qualifications.	This is to: • ensure a consistent approach to the awarding of units within each qualification and across qualifications in the suite. • aid familiarity of approach for teachers and students.
8	NEA Assessment Criteria design	There will be 24 assessment criteria for each NEA unit. Each assessment criterion is designed to: • assess one discrete task or activity • provide a yes/no approach to decision-making and achievement	There may be fewer assessment criteria for each unit, but these are typically broader, and may assess several tasks or activities in one criterion.	This is to: • ensure clarity of requirements for students in the form of discrete tasks or activities that they should evidence

 © Cambridge OCR 2025

				• simplify decision-making for teachers assessing students' work.
9	Introduced Performance Objectives for each unit	Each exam question and each Assessment Criterion in the NEA units is mapped to one of our four performance objectives.	These qualifications do not contain performance objectives.	To aid consistency of approach and demand to exams and assignments over time.
10	Moderation opportunities for the NEA assignments	Moderation is available twice each year in windows.	Moderation is available on-demand.	Typically, Level 3 Cambridge Advanced Nationals will be delivered in two years. This allows you the opportunity for two moderation activities in each academic year for this subject.
11	Moderation approach	Moderation takes the form of face-to-face or virtual visits between the centre and our moderator.	Moderation takes the form of face-to-face or virtual visits between the centre and our moderator.	We have kept this the same to reflect the most requested approach to moderation from centres since the pandemic This is to ease the moderation burden on centres, while still providing direct interaction with our moderator.
12	SAMs for NEA	Sample assignments are available for you to use as practice materials with students.	We do not provide sample assignments for practice purposes.	This is to ensure that students have access to sample assessment material for both the EA and NEA units.

 © Cambridge OCR 2025

2 Why choose Cambridge OCR?

Choose Cambridge OCR and you have the reassurance that you are working with one of the UK's leading examination boards.

We work with teachers, employers and universities to create qualifications that support the needs of all students and help prepare them for their future. We offer A Levels, GCSEs, vocational qualifications and other academic options to schools, colleges, workplaces, and other organisations.

We are part of Cambridge University Press & Assessment, Europe's largest assessment agency and a department of the University of Cambridge. We play a leading role in developing and delivering assessments worldwide, operating in over 150 countries. We listen. The decisions we make when we develop our specifications are based on teacher and student feedback. To tell us more about your experiences of teaching Cambridge OCR, join our teacher panel and help shape the future of our qualifications.

2.1 Our specifications

We provide specifications that help you bring the subject to life and inspire your students to achieve more.

We've created teacher-friendly specifications based on extensive research and engagement with the teaching community. Our specifications are designed to be straightforward to deliver and accessible for students. The design allows you to tailor the delivery of the course to suit your needs.

2.2 Our support

We provide a range of support services to help you at every stage, from preparation to delivery:

- A wide range of high-quality creative resources including resources created by leading organisations in the industry.
- Textbooks and teaching and learning resources from leading publishers. The Cambridge Advanced Nationals page on our website has more information about all the published support for the qualifications that we have endorsed.
- Professional development for teachers to meet a range of needs. To join our training (either face-to-face or online) or to search for training materials, go to the Professional Development page on our website.
- Active Results which is our free results analysis service. It helps you review the performance of individual students or whole groups.
- ExamBuilder which is our free question-building platform. It helps you to build your own tests using past OCR exam questions.
- Our Subject Advisors, who give information and support to centres. They can help with specification and non examined assessment (NEA) advice, updates on resources developments and a range of training opportunities. They use networks to work with subject communities and share ideas and expertise to support teachers.

 © Cambridge OCR 2025

2.2.1 More help and support

Whether you are new to us or are already teaching with us, you can find useful information, help and support on our website. Or get in touch:

support@ocr.org.uk

@ocrexams

01223 553998

2.3 People and Planet

We are part of Cambridge University Press & Assessment, which has clear commitments to champion sustainability, diversity, trust and respect for our people and planet.

We are committed to supporting a curriculum that helps young people develop an ethical view of the world. This enables them to take social responsibility, understand environmental issues and prepare them for the green jobs of the future.

Our equality, diversity, inclusion and belonging principles are that we:

- are respectful and considerate
- celebrate differences and promote positive attitudes to belonging
- include perspectives that reflect the diverse cultural and lifestyle backgrounds of our society
- challenge prejudicial views and unconscious biases
- promote a safe and supportive approach to learning
- are accessible and fair, creating positive experiences for all
- provide opportunities for everyone to perform at their best
- are contemporary, relevant and equip everyone to live and thrive in a global, diverse world
- create a shared sense of identity in a modern mixed society with one humanity.

To learn more, including our work on accessibility in our assessment materials, visit our People and Planet page.

2.4 Aims and learning outcomes

Our Cambridge Advanced Nationals in Health and Social Care will encourage students to:

- develop key knowledge, understanding and skills, relevant to the subject
- think creatively, innovatively, analytically, logically and critically
- develop valuable communication skills that are important in all aspects of further study and life
- develop transferable learning and skills, such as evaluation, planning, presentation and research skills, that are important for progression to HE and can be applied to real-life contexts and work situations
- develop independence and confidence in applying the knowledge and skills that are vital for progression to HE and relevant to the health and social care sector and more widely.

 © Cambridge OCR 2025

2.5 What are the key features of this specification?

The key features of our Cambridge Advanced Nationals in Health and Social Care for you and your students are:

- a simple and intuitive assessment model, that has:
  - externally assessed units, which focus on subject knowledge and understanding
  - applied or practical non examined assessment units (NEA)
  - optional NEA units to provide flexibility
- a specification developed with teachers specifically for teachers. The specification lays out the subject content, assessment criteria, teacher guidance and delivery requirements clearly
- a flexible support package made based on teachers' needs. The support package will help teachers to easily understand the qualification and how it is assessed
- a team of Subject Advisors who directly support teachers
- a specification designed to:
  - complement A Levels and/or other Level 3 qualifications in a Post-16 study programme
  - develop wider transferable skills, knowledge and understanding desired by HEIs. More detail about the transferable skills these qualifications may develop is in Section 6.3.

All Cambridge Advanced National qualifications offered by Cambridge OCR are regulated by Ofqual, the Regulator for qualifications offered in England.

The qualification numbers for our Cambridge Advanced Nationals in Health and Social Care are:

- Certificate: QN 610/3985/8
- Extended Certificate: QN 610/3986/X

2.6 Acknowledgements

We would like to acknowledge the following Higher Education Providers for their input and support in designing these qualifications:
Aston University
Birmingham City University
Coventry University
De Montfort University
Leeds Beckett University
Nottingham Trent University
Sheffield Hallam University
University of Bolton
University of Cumbria
University of Derby
University of Leeds
University of Lincoln
University of Northampton

 © Cambridge OCR 2025

3 Qualification overview

3.1 Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate) overview

Qualification number	610/3985/8
First entry date	01 September 2025
Guided learning hours (GLH)	180
Total qualification time (TQT)	223
Entry code	H025
Approved age range	16-18, 18+, 19+
Offered in	England only
Performance table information	This qualification is designed to meet the Department for Education's requirements for qualifications in the Alternative Academic Qualifications category of the 16-19 performance tables.
Eligibility for funding	This qualification meets funding approval criteria.
UCAS points	This qualification is recognised in the UCAS tariff tables. You'll find more information on the UCAS website.
This qualification is suitable for students who:	• are age 16-19 and on a full-time study programme • want to develop applied knowledge and skills in health and social care • want to progress onto other related study, such as higher education courses in health and social care
Entry requirements	There is no requirement for students to achieve any specific qualifications before taking this qualification
Qualification requirements	Students must complete three units: • one externally assessed unit • two NEA units
Registering students and making entries	You must: • register each student for the subject at the start of the course. You will need to do this before you can make unit entries. The registration code is A002. • make exam and NEA unit entries for the relevant assessment series. • make qualification certification entries in the final series at the end of the course.

 © Cambridge OCR 2025

Assessment method/model	Unit F090 is assessed by an exam and marked by us. You will assess the NEA units and we will moderate them. • NEA assignments are live for two years. The front cover of each assignment shows the intended student cohort. • You must use and submit work for the live assignment during the period when that assignment is live. We strongly recommend you use the set assignment that is released in the same calendar year as the new cohort starts. This ensures that students have two years to use the assignment. It gives them access to a resubmission opportunity if needed during their study of the qualification. For example, a cohort starting a two-year course in September 2026 should use the set of assignments labelled for 2026-2028. You should avoid allowing new cohorts to use assignments which have already been live for a year. For example, avoid students starting in September 2027 using assignments for the 2026-2028 cohorts. You must have suitable controls in place to ensure that NEA assignment work is completed by each student independently. You must not allow previously completed work for assignments which are still live to be shared as examples with other students.
Exam series each year	• January • June
Exam resits	Students can resit the examined unit (F090) twice. This means they can have three attempts **in total** at exams for unit F090. This total number of attempts includes attempts towards both the Certificate and Extended Certificate qualifications.
NEA submission	There are two windows each year to submit NEA outcomes and request a moderation visit for this subject. You must register students for the subject and make unit entries before you can submit outcomes for a visit. All dates are on our Administration pages.
Resubmission of students' NEA work	If students have not performed at their best in the NEA assignments, they can improve their work and submit it to you again for assessment. They must have your agreement and you must be sure it is in the student's best interests. We use the term 'resubmission' when referring to student work that has previously been submitted for moderation. Following moderation, a student can attempt to improve their work for you to assess and provide the final mark to us. There is one resubmission opportunity per NEA assignment. All work submitted (or resubmitted) must be based on the assignment that is live for assessment. For information about feedback see Section 7.3. The final piece of work must be completed solely by the student and teachers must not detail specifically what amendments should be made.
Grading	Information about unit and qualification grading is in Section 6.

 © Cambridge OCR 2025

3.2 Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate) overview

Qualification number	610/3986/X
First entry date	01 September 2025
Guided learning hours (GLH)	360
Total qualification time (TQT)	493
Entry code	H125
Approved age range	16-18, 18+, 19+
Offered in	England only
Performance table information	This qualification is designed to meet the Department for Education's requirements for qualifications in the Alternative Academic Qualifications category of the 16-19 performance tables.
Eligibility for funding	This qualification meets funding approval criteria.
UCAS points	This qualification is recognised in the UCAS tariff tables. You'll find more information on the UCAS website.
This qualification is suitable for students who:	• are age 16-19 and on a full-time study programme • want to develop applied knowledge and skills in health and social care • want to progress onto other related study, such as higher education courses in health and social care
Entry requirements	There is no requirement for students to achieve any specific qualifications before taking this qualification
Qualification requirements	Students must complete six units: • two externally assessed units • four NEA units
Registering students and making entries	You must: • register each student for the subject at the start of the course. You will need to do this before you can make unit entries. The registration code is A002. • make exam and NEA unit entries for the relevant assessment series. • make qualification certification entries in the final series at the end of the course.

 © Cambridge OCR 2025

Assessment method/model	Units F090 and F091 are assessed by an exam and marked by us. You will assess the NEA units and we will moderate them. • NEA assignments are live for two years. The front cover of each assignment shows the intended student cohort. • You must use and submit work for the live assignment during the period when that assignment is live. We strongly recommend you use the set assignment that is released in the same calendar year as the new cohort starts. This ensures that students have two years to use the assignment. It gives them access to a resubmission opportunity if needed during their study of the qualification. For example, a cohort starting a two-year course in September 2026 should use the set of assignments labelled for 2026-2028. You should avoid allowing new cohorts to use assignments which have already been live for a year. For example, avoid students starting in September 2027 using assignments for the 2026-2028 cohorts. You must have suitable controls in place to ensure that NEA assignment work is completed by each student independently. You must not allow previously completed work for assignments which are still live to be shared as examples with other students.
Exam series each year	• January • June
Exam resits	Students can resit each examined unit twice. This means they can have three attempts **in total** at exams **for each** of units F090 and F091. For unit F090, this total number of attempts includes attempts towards both the Certificate and Extended Certificate qualifications.
NEA Submission	There are two windows each year to submit NEA outcomes and request a moderation visit for this subject. You must register students for the subject and make unit entries before you can submit outcomes for a visit. All dates are on our Administration pages.
Resubmission of students' NEA work	If students have not performed at their best in the NEA assignments, they can improve their work and submit it to you again for assessment. They must have your agreement and you must be sure it is in the student's best interests. We use the term 'resubmission' when referring to student work that has previously been submitted for moderation. Following moderation, a student can attempt to improve their work for you to assess and provide the final mark to us. There is one resubmission opportunity per NEA assignment. All work submitted (or resubmitted) must be based on the assignment that is live for assessment. For information about feedback see Section 7.3. The final piece of work must be completed solely by the student and teachers must not detail specifically what amendments should be made.
Grading	Information about unit and qualification grading is in Section 6.

 © Cambridge OCR 2025

3.3 Purpose statement – Certificate

Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate)

Qualification number: 610/3985/8

Overview

Who this qualification is for

The Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate) is for students aged 16-19 years old. It will develop knowledge, understanding and skills that will help prepare you for progression to undergraduate study when taken alongside other qualifications and are relevant to the health and social care sector.

You might be interested in this qualification if you want a small qualification that builds applied or practical skills, to take alongside and enhance your A Levels or other Level 3 qualifications. You will have the opportunity to apply what you learn to real-life contexts, such as:

- Recommending support for individuals.
- Presenting advice and guidance.
- Communicating and building relationships.

The qualification will also help you develop independence and confidence in using skills that are relevant to the sector and that prepare you for progressing to university courses where independent study skills are needed. You will develop the following transferable skills that can be used in both higher education and other life and work situations:

- Communicating and collaborating effectively with individuals
- Creating and presenting/delivering information to an individual.
- Independent learning, spending time outside of lessons completing research solve problems.
- Researching topic areas and recording research sources, then using them to interpret findings and present evidence.
- Recommending care and support for individuals.
- Presentation skills by presenting recommendations to others.
- Problem solving health and social care problems for others.

This qualification will complement other learning that you're completing at Key Stage 5. If you are a full-time student, it will be part of your studies along with your A Levels and/or other Level 3 qualifications.

What you will study when you take this qualification

Through a combination of theoretical study and hands-on experience, you will develop the necessary knowledge and skills that can support progression to higher education health and/or social care study.

In the examined unit, you will study key knowledge and understanding relevant to health and social care. In the non examined assessment (NEA) units, you will demonstrate knowledge and skills you learn by completing applied or practical assignments. More information about the knowledge and skills you will develop is below.

 © Cambridge OCR 2025

All units in the qualification are mandatory. You must take **all** of these units:

- F090: Principles of health and social care

  This unit is assessed by an exam.

  In this unit you will learn about the key topics that are important to develop underpinning knowledge and understanding relevant to health and social care. Topics include:

  - Topic Area 1 Equality, diversity, and rights in health and social care settings
  - Topic Area 2 Managing hazards, health and safety in health and social care settings
  - Topic Area 3 Legislation in health and social care settings
  - Topic Area 4 Best practice in health and social care settings

- F092: Person-centred approach to care

  This unit is assessed by an assignment.

  In this unit you will learn the principles and values that underpin a person-centred approach to care and the practical tools that can be used to develop care plans for individuals. You will explore how to communicate in health and social care, how to build relationships and the barriers that need to be overcome to achieve person-centred care. You will learn to write outline care plans to suit individuals, using person-centred approaches and develop your reflective practice skills.

  Topics include:

  - Topic Area 1 Taking a person-centred approach
  - Topic Area 2 Meeting needs and providing support in a person-centred way
  - Topic Area 3 Communication skills needed to offer person-centred care

- F093: Supporting people with mental health conditions

  This unit is assessed by an assignment.

  In this unit you will learn about how individuals with mental health conditions can be cared for and supported in a way which is suitable for their needs. You will do this through exploring the meaning of mental health and mental health needs, and considering the main types of mental health conditions and how these may affect the life of individuals. You will explore the different ways that individuals may be supported to promote their mental well-being, manage their illness, and different forms of treatment that may be available.

  Topics include:

  - Topic Area 1 Definitions and views of mental health
  - Topic Area 2 Mental health conditions
  - Topic Area 3 Provision of mental health services
  - Topic Area 4 Treatment and support for mental health conditions

 © Cambridge OCR 2025

The subjects that complement this qualification

These subjects might complement this qualification:

- Applied Science
- Biology
- Child Development
- Law
- Psychology
- Sociology
- Sport

The types of courses you may progress to

Both the subject-specific knowledge, understanding and skills, and broader transferable skills developed in this qualification will help you progress to further study in related areas such as:

- BSc Nursing (Adult/Child/Learning disabilities/Mental health)
- BSc Midwifery
- BSc Health and social care
- BSc Healthcare and Health Science
- BSc Health Sciences
- BSc Paramedic Science
- BSc Public Health and Wellbeing
- BA Social Work

Why you should take the Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate)

There are two qualifications available in health and social care. These are:

Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate) – this is 180 GLH in size

Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate) – this is 360 GLH in size

You should take this Certificate qualification if you want a small Level 3 qualification that builds some applied knowledge and skills in health and social care. This qualification is an Alternative Academic Qualification that is the same size as an AS Level qualification. It is half the size of an A Level. It could be taken alongside A Levels and/or other Level 3 qualifications to enhance your learning, helping you to build broader knowledge and skills that are valued in undergraduate study, and relevant for progression to higher education. You would take this qualification alongside A Levels and/or other Level 3 qualifications as part of your study programme at Key Stage 5.

More information

More information about this qualification is in these documents:

- Sample Assessment Material (SAM) Question Papers:
  - Unit F090: Principles of health and social care
- Guide to our SAM Question Papers:
  - Unit F090: Principles of health and social care
- SAM Set assignment(s):
  - Unit F092: Person-centred approach to care
  - Unit F093: Supporting people with mental health conditions
- Student Guide to NEA Assignments: Health and Social Care

 © Cambridge OCR 2025

3.4 Purpose statement – Extended Certificate

Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate)

Qualification number: 610/3986/X

Overview

Who this qualification is for

The Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate) is for students aged 16-19 years old. It will develop knowledge, understanding and skills that will help prepare you for progression to undergraduate study and are relevant to the health and social sector.

You might be interested in this qualification if you want to apply what you learn to practical, real-life contexts, such as:

- Using a person-centred approach to recommend care and support.
- Recommending support for individuals.
- Creating and presenting advice and guidance.
- Creating and presenting an outline proposal to address a public health challenge.
- Creating diet and activity plans to support individuals with meal planning.

The qualification will also help you develop independence and confidence in using skills that are relevant to the sector and that prepare you for progressing to university courses where independent study skills are needed. You will develop the following transferable skills that can be used in both higher education and other life and work situations:

- Communicating and collaborating effectively with individuals.
- Creating and presenting/delivering information to an individual.
- Independent learning and self-directed study, spending time outside of lessons completing research solve problems.
- Researching topic areas and recording research sources, then using them to interpret findings and present evidence.
- Recommending care and support for individuals.
- Presentation skills by presenting recommendations to others.
- Problem solving health and social care problems for others.
- Evaluating own work, using self-reflection and feedback.
- Time management.
- Critical thinking.
- Referencing.

This qualification will complement other learning that you're completing at Key Stage 5. If you are a full-time student, it will be part of your studies along with A Levels and/or other Level 3 qualifications.

 © Cambridge OCR 2025

What you will study when you take this qualification

Through a combination of theoretical study and hands-on experience, you will develop the necessary knowledge and skills that can support progression to higher education health or social care study.

In the examined units, you will study key knowledge and understanding relevant to health and social care. In the non examined assessment (NEA) units, you will demonstrate knowledge and skills you learn by completing applied or practical assignments. More information about the knowledge and skills you will develop is below.

The qualification has four mandatory units and two optional units.

These are the **mandatory** units – you must take **all** these units:

- F090: Principles of health and social care

  This unit is assessed by an exam.

  In this unit you will learn about the key topics that are important to develop underpinning knowledge and understanding relevant to health and social care. Topics include:

  - Topic Area 1 Equality, diversity, and rights in health and social care settings
  - Topic Area 2 Managing hazards, health and safety in health and social care settings
  - Topic Area 3 Legislation in health and social care settings
  - Topic Area 4 Best practice in health and social care settings

- F091: Anatomy and physiology for health and social care

  This unit is assessed by an exam.

  In this unit you will learn about the arrangement of body systems and the structure and function of the component parts. You will learn about key processes within each body system, that enable them to function properly. You will then explore conditions affecting these systems, specifically learning about the biological basis, monitoring, treatment and impact on lifestyle and independence.

  Topics include:

  - Topic Area 1 Cardiovascular system
  - Topic Area 2 Respiratory system
  - Topic Area 3 Digestive system
  - Topic Area 4 Musculoskeletal system
  - Topic Area 5 Control and regulatory systems
  - Topic Area 6 Reproductive system

 © Cambridge OCR 2025

- F092: Person-centred approach to care

  This unit is assessed by an assignment.

  In this unit you will learn the principles and values that underpin a person-centred approach to care and the practical tools that can be used to develop care plans for individuals. You will explore how to communicate in health and social care, how to build relationships and the barriers that need to be overcome to achieve person-centred care. You will learn to write outline care plans to suit individuals, using person-centred approaches and develop your reflective practice skills.

  Topics include:

  - Topic Area 1 Taking a person-centred approach
  - Topic Area 2 Meeting needs and providing support in a person-centred way
  - Topic Area 3 Communication skills needed to offer person-centred care

- F093: Supporting people with mental health conditions

  This unit is assessed by an assignment.

  In this unit you will learn about how individuals with mental health conditions can be cared for and supported in a way which is suitable for their needs. You will do this through exploring the meaning of mental health and mental health needs, and considering the main types of mental health conditions and how these may affect the life of individuals. You will explore the different ways that individuals may be supported to promote their mental wellbeing, manage their condition, and different forms of treatment and support that may be available.

  Topics include:

  - Topic Area 1 Definitions and views of mental health
  - Topic Area 2 Mental health conditions
  - Topic Area 3 Provision of mental health services
  - Topic Area 4 Treatment and support for mental health conditions

These are **optional** units – you must take **two** of these units:

- F094: Supporting people with long term physiological conditions

  This unit is assessed by an assignment.

  In this unit you will learn about the different types of long term physiological conditions, how these are caused and the daily and long term effects on individuals. In addition, you will develop an understanding of the different methods of monitoring these conditions as well as treatments. You will have the opportunity to conduct your own research and gather data on services in your local area; this data will be used to present your ideas on the effectiveness of the local services. The skills you develop conducting and interpreting your research will be independent learning, referencing, time management and critical thinking.

  Topics include:

  - Topic Area 1 Long term physiological conditions
  - Topic Area 2 Monitoring and treatment
  - Topic Area 3 Impact of long term conditions
  - Topic Area 4 Support individuals to plan their care and support

 © Cambridge OCR 2025

- F095: Investigating public health

  This unit is assessed by an assignment.

  In this unit you will learn about current public health challenges and reasons why a healthy society is vital. You will then research a public health challenge and propose an approach to improve health and protect the public. You will consider your approach, how it will be resourced, implemented and monitored to improve the targeted area of public health.

  Topics include:

  - Topic Area 1 Understanding public health
  - Topic Area 2 Responding to public health challenges
  - Topic Area 3 Proposing how to address a public health challenge

- F096: Supporting people in relation to sexual health, pregnancy and postnatal health

  This unit is assessed by an assignment.

  In this unit you will learn about and research the most important aspects of sexual health including relationships, the law, consent, sexual health, sexually transmitted infections, contraception, pre-conceptual care, birth, and the immediate care of the baby, and how to obtain support for these. You will also learn to produce advice and guidance that is personalised for specific individuals with issues related to sexual health and pregnancy, birth and postnatal health. You will develop skills needed to deliver advice and guidance in a sensitive and professional way and review the process of doing this.

  Topics include:

  - Topic Area 1 Advice and guidance on sexual health issues
  - Topic Area 2 Advice and guidance on pregnancy, birth and post-natal issues
  - Topic Area 3 Plan, deliver and review an advice and guidance session

- F097: Supporting healthy nutrition and lifestyles

  This unit is assessed by an assignment.

  In this unit you will learn about the healthy eating guidelines, physical activity guidelines, nutritional labelling and the sources of nutrients. You will learn how to use this information to plan healthy and balanced meals for service users with different nutritional needs. You will investigate some of the barriers facing service users to eat healthy meals and the support that individuals may require to eat healthy meals.

  Topics include:

  - Topic Area 1 Dietary and activity needs of individuals
  - Topic Area 2 Factors that influence dietary choices and physical activity levels
  - Topic Area 3 Supporting individuals to plan meals that meet their needs

 © Cambridge OCR 2025

The subjects that complement this qualification

These subjects might complement this qualification:

- Applied Science
- Biology
- Child Development
- Law
- Psychology
- Sociology
- Sport

The types of courses you may progress to

Both the subject-specific knowledge, understanding and skills, and broader transferable skills developed through these units, will help you progress to further study in related areas such as:

- BSc Nursing (Adult/Child/Learning disabilities/Mental health)
- BSc Midwifery
- BSc Health and social care
- BSc Healthcare and Health Science
- BSc Health Sciences
- BSc Paramedic Science
- BSc Public Health and Wellbeing
- BA Social Work

Why you should take the Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate)

There are two qualifications available in health and social care. These are:

Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate) – this is 180 GLH in size

Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate) – this is 360 GLH in size

You should take this Extended Certificate qualification if you want a Level 3 qualification that builds applied knowledge and skills in health and social care. This qualification is an Alternative Academic Qualification that is the same size as an A Level. When it is taken alongside other Level 3 qualifications, it will complement them, helping you to build broader knowledge and skills that are valued in undergraduate study, and relevant for progression to higher education. You would take this qualification alongside other Level 3 qualifications, as part of your study programme at Key Stage 5.

More information

More information about this qualification is in these documents:

- Sample Assessment Material (SAM) Question Papers:
  - Unit F090: Principles of health and social care
  - Unit F091: Anatomy and physiology for health and social care
- Guides to our SAM Question Papers:
  - Unit F090: Principles of health and social care
  - Unit F091: Anatomy and physiology for health and social care
- SAM Set assignment(s):
  - Unit F092: Person-centred approach to care
  - Unit F093: Supporting people with mental health conditions

 © Cambridge OCR 2025

  - Unit F094: Supporting people with long term physiological conditions
  - Unit F095: Investigating public health
  - Unit F096: Supporting people in relation to sexual health, pregnancy and postnatal health
  - Unit F097: Supporting healthy nutrition and lifestyles
- Student Guide to NEA Assignments: Health and Social Care

 © Cambridge OCR 2025

4 About these qualifications

4.1 Qualification size

The size of each qualification is described in terms of Guided Learning Hours (GLH) and Total Qualification Time (TQT).

GLH indicates the approximate time (in hours) you will spend supervising or directing study and assessment activities. We have worked with people who are experienced in delivering related qualifications to determine the content that needs to be taught and how long it will take to deliver.

TQT includes two parts:

- GLH
- an estimate of the number of hours a student will spend on unsupervised learning or assessment activities (including homework) to successfully complete their qualification.

The Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate) is 180 GLH and 223 TQT.

The Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate) is 360 GLH and 493 TQT.

4.2 Availability and language

Our Level 3 Cambridge Advanced Nationals are available in England only. They are **not** available in Wales or Northern Ireland.

The qualifications and their assessment materials are available in English only. We will only assess answers written in English.

4.3 Prior knowledge and experience

Recognition of prior learning (RPL) is the process for recognising learning that never received formal recognition through a qualification or certification. It includes knowledge and skills gained in school, college or outside of formal learning situations. These may include:

- domestic/family life
- education
- training
- work activities
- voluntary activities.

In most cases RPL will not be appropriate for directly evidencing the requirements of the NEA assignments for the Cambridge Advanced National qualifications. However, if you feel that your student could use RPL to support their evidence, you must follow the guidance provided in our RPL Policy.

 © Cambridge OCR 2025

5 Units

5.1 Guidance on unit content

This section describes what must be taught so that students can access all available marks and meet assessment criteria.

Content warning: The health and social care sector requires a definite set of knowledge, understanding and skills that students must develop to successfully equip them for progression. Therefore, please make your students aware that some of the content in this specification and related set assignments contains themes and topics related to health and social care that students may find upsetting. Where possible, we have provided choices in the set assignments to protect students.

5.1.1 Externally assessed units (F090 and F091)

The externally assessed units contain a number of topic areas.

For each topic area, we list the **teaching content** that must be taught and give information on the **breadth and depth** of teaching needed.

Teaching content

Questions can be asked about anything in the teaching content or breadth and depth columns.

Breadth and depth

The breadth and depth column:

- clarifies the breadth and depth of teaching needed
- indicates the range of knowledge and understanding that can be assessed in the exam
- confirms any aspects that you do not need to teach as 'does not include' statements.

Teaching must cover **both** the **teaching content** and **breadth and depth** columns.

Knowledge and understanding

This is what we mean by knowledge and understanding:

Knowledge	• Be able to identify or recognise an item, for example on a diagram. • Use direct recall to answer a question, for example the definition of a term.
Understanding	• To assess and evidence the perceived meaning of something in greater depth than straight identification or recall. • Understanding will be expressed and presented using terms such as: how; why; when; reasons for; advantages and disadvantages of; benefits and limitations of; purpose of; suitability of; recommendations for improvement; appropriateness of something to/in different contexts.

Students will need to **understand** the content, unless the breadth and depth column identifies it as knowledge only.

Any item(s) that should be taught as **knowledge** only will start with the word 'know' in the breadth and depth column.

All other content must be taught as understanding.

 © Cambridge OCR 2025

5.1.2 NEA units (F092–F097)

The NEA units contain a number of topic areas.

For each topic area, we list **teaching content** that must be taught and give **exemplification**. The exemplification shows the teaching expected to equip students to successfully complete their assignments.

5.1.3 Command words

Appendix A gives information about the command words that will be used in the external assessments and the NEA assessment criteria.

5.1.4 Performance objectives (POs):

Each Cambridge Advanced National qualification has four Performance Objectives.

PO1	Show knowledge and understanding
PO2	Apply knowledge and understanding
PO3	Analyse and evaluate knowledge, understanding and performance
PO4	Demonstrate and apply skills and processes relevant to the subject

PO1 is assessed in the externally assessed unit only.

PO4 is assessed in the NEA units only.

The weightings of the Performance Objectives across the units in the **Certificate** qualification are:

Performance Objective	**Externally Assessed unit (range)**	**NEA units**	**Overall weighting**
PO1	13.3-20%	N/A	13.3-20%
PO2	13.3-20%	17.5%	30.8-37.5%
PO3	5.3-10%	25%	30.3-35%
PO4	N/A	17.5%	17.5%
Overall weighting of assessments	40%	60%	100%

The weightings of the Performance Objectives across the units in the **Extended Certificate** qualification are:

Performance Objective	**Externally Assessed unit (range)**	**NEA units**	**Overall weighting**
PO1	13.3-20%	N/A	13.3-20%
PO2	11.7-18.3%	17.5-20%	29.2-38.3%
PO3	5.3-10%	23.1-26.3%	28.4-36.3%
PO4	N/A	15.6-17.5%	15.6-17.5%
Overall weighting of assessments	40%	60%	100%

 © Cambridge OCR 2025

5.2 Externally assessed units

5.2.1 Unit F090: Principles of health and social care

Unit aim

Everyone is different and everyone has rights. Promoting equality and respecting diversity and rights in health and social care environments is essential in today's very diverse society. An effective health or social care professional must be able to provide safe and person-centred care that meets the needs of individuals. Health and social care professionals' attitudes, values and prejudices can significantly affect the quality of care that individuals experience. All individuals have the right to work in, or receive care in, a safe and secure environment. It is the duty of every health or social care professional and their employer to play their part in ensuring a safe care environment.

In this unit you will learn about how you can support equality, diversity and rights in health and social care settings. You will learn about types of discriminatory practice and potential hazards, along with legislation that helps to keep individuals safe by identifying and supporting rights, duties, and responsibilities in care settings. You will learn about the meaning of best practice, the importance of providing person-centred care and how to choose the appropriate action or response as a health or social care professional. You will learn how legislation, policies and procedures work to reduce risks and protect individuals in health and social care environments.

Health care settings:	**Social care settings:**
Dental practice	Community centre
GP surgery/health centre	Day centre
Hospice	Food bank
Hospital	Homeless shelter
Mobile health screening unit	Residential care home
Nursing home	Retirement home
Opticians	Social services department
Pharmacy	Support group
Walk-in centre	

Unit F090: Principles of health and social care	
Topic Area 1: Equality, diversity, and rights in health and social care settings	
Teaching content	**Breadth and Depth**
1.1 Diversity	
□ Diversity: • Age • Cultural differences • Disability • Dress • Ethnicity • Education • Family structure • Food or special dietary requirements • Gender/gender reassignment • Language • Music • Race • Religion or belief • Sexuality and sexual orientation • Socioeconomic background	To include: □ Examples of each aspect of diversity and how each one could be supported in health and social care settings

 © Cambridge OCR 2025

1.2 Equality	
□ Equality means that individuals must all be: • Given the same opportunities regardless of differences • Treated fairly and with respect • Treated according to their needs	To include: □ Why equality is important □ The positive impact of applying it and recognising its importance □ The negative impact of not applying it and not recognising its importance □ The link between equality and diversity □ Application to different health and social care scenarios and settings, including responding to and providing examples
1.3 Rights	
□ Each individual's right to: • Choice • Confidentiality • Consultation • Equal and fair treatment • Protection from abuse and harm	To include: □ That individuals are entitled to have their rights met in health and social care settings □ How practitioners provide care that supports individuals' rights □ Application to different health and social care scenarios and settings, including responding to and providing examples Does not include: □ Knowledge of the Human Rights Act
1.4 Discrimination in health and social care environments	

□ Prejudice can lead to discrimination on the basis of:
• Race
• Age
• Culture
• Disability
• Religion
• Gender
• Socio-economic background
• Sexual orientation
 	
□ Discriminatory behaviour:
• Abuse:
  ○ Verbal
  ○ Physical
  ○ Mental/psychological
  ○ Neglect
  ○ Financial
• Being patronising
• Breach of health and safety
• Bullying
• Inadequate care
• Labelling/stereotyping
	To include:
	□ Know the definition of prejudice
	□ Recognising the basis of discrimination
	□ Examples of the different types of discrimination that might occur in health and social care settings
	□ How types of discrimination can be direct and indirect or intentional and unintentional
	□ Application to different health and social care scenarios and settings, including responding to and providing examples

 © Cambridge OCR 2025

1.5 Potential impacts on individuals of discrimination	
□ Impact of discrimination: • Disempowerment • Fear • Illness • Injury • Low self-confidence • Low self-esteem • Physical harm • Poor physical health • Poor mental health • Unfair treatment	To include: □ Whether impacts on individuals are physical, intellectual, emotional, social and/or financial (PIESF) □ Application to different health and social care scenarios and settings, including responding to and providing examples
Topic Area 2: Managing hazards, health and safety in health and social care settings	
Teaching content	**Breadth and Depth**
2.1 Potential hazards in health and social care settings	
□ Types of hazards: • Biological o Bodily fluids o Disease/infection • Chemical o Medicines o Cleaning materials • Environmental o Temperature o Noise • Working conditions o Moving and handling o Equipment used • Physical o Slips and trips o Radiation • Poor working practices o Working hours and breaks o Supervision • Lack of security systems o Door/window locks o Alarm systems	To include: □ Examples of hazards found in health and social care settings □ Examples of who may be affected by the hazards □ Application to different health and social care scenarios and settings, including responding to and providing examples
2.2 Possible impacts of hazards on individuals receiving or providing care	
□ Impact of hazards: • Illness • Infection • Physical harm • Poor physical health • Poor mental health • Financial loss • Poor standard of care	To include: □ Examples of the impacts on individuals giving and receiving care in health and social care settings, such as, how these hazards can affect staff and/or individuals who require care and support For example: • A high workload due to staff absence can cause stress, which can cause high blood pressure • Poor ventilation can cause respiratory illnesses • Poor personal hygiene can cause the spread of MRSA □ How possible impacts apply to the hazards in Topic Area 2.1

 © Cambridge OCR 2025

	□ Application to different health and social care scenarios and settings, including responding to and providing examples
2.3 Health and safety management	
□ Risk assessment • Identify risks and potential hazards • Control measures to mitigate risk • The importance of risk assessments □ Ways to minimise risk • Have clear health and safety policies and procedures • Keep health and safety procedures up to date • Staff training and supervision • Display health and safety signs/information clearly • Deal with potential hazards promptly • Appropriate use of Personal Protective Equipment (PPE) • Keep areas clean and well maintained □ How the ways listed help to minimise risk	To include: □ Identification of risks and hazards and control measures to mitigate the risks applied to Topic Area 2.2 □ Application to different health and social care scenarios and settings, including responding to and providing examples
2.4 Health and safety incidents in health and social care settings	
□ Types of incidents • Accidents • Emergencies o Fire o Flood o Chemical or gas leak • Outbreak of infectious diseases • Missing person □ Responses: • Reporting of accidents • Evacuation procedures o Location of fire exits, meeting points o Needs of specific individuals • Allocation of staff responsibilities during incidents o Fire officers o First aiders • Follow-up review of critical incidents and emergencies • Reporting to relevant authorities: o Care Quality Commission (CQC) o Health and Safety Executive (HSE) o The emergency services o Local authority/social services	To include: □ Examples of responses appropriate for different circumstances and hazards □ Application to different health and social care scenarios and settings, including responding to and providing examples Does not include: □ Specific detail about, for example, police or HSE response

 © Cambridge OCR 2025

Topic Area 3: Legislation in health and social care settings	
Teaching content	**Breadth and Depth**
3.1 The role of legislation	
□ How each piece of legislation: • Supports an individual's rights • Provides guidance for service providers and users • Is a framework to deliver and maintain good practice • Sets out standards of practice for service providers	To include: □ How legislation impacts on individuals who use services, care practitioners and service providers
3.2 The Equality Act (2010)	
□ Key aspects: • The protected characteristics • Reasonable adjustments • Makes direct and indirect discrimination illegal • Makes harassment and victimisation illegal	To include: □ Key aspects of the Act in relation to teaching content 3.1 □ Examples of the impact of the legislation on care settings, practitioners, and service users Does not include: □ Aspects of the Act not identified in the teaching content
3.3 The Health and Care Act (2022)	
□ Key aspects • Integrated care systems (Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs)) • Restrictions on advertising less healthy food and drink • Aim of shared care records between health and social care • Data sharing across health and social care • Social care needs assessments are now allowed after discharge from hospital • Creates a new criminal offence relating to virginity testing • Requirement that all providers of health, care and support ensure all staff receive training on learning disability and autism	To include: □ Key aspects of the Act in relation to teaching content 3.1 □ Examples of the impact of legislation on care settings, practitioners, and service users Does not include: □ Aspects of the Act not identified in the teaching content
3.4 The Children Act (2004)	
□ Key aspects: • Aims to protect children at risk of harm • Paramountcy principle • Right to be consulted • Right to an advocate • Encourages partnership working • Created the children's commissioner	To include: □ Key aspects of the Act in relation to teaching content 3.1 □ Examples of the impact of legislation on care settings, practitioners and service users Does not include: □ Aspects of the Act not identified in the teaching content

 © Cambridge OCR 2025

3.5 Data Protection Act 2018 (GDPR)	
□ The seven key principles: • Lawfulness, fairness and transparency • Purpose limitation • Data minimisation • Accuracy • Storage limitation • Integrity and confidentiality (security) • Accountability	To include: □ Key aspects of the Act in relation to teaching content 3.1 □ Examples of the impact of legislation on care settings, practitioners, and service users Does not include: □ Aspects of the Act not identified in the teaching content
3.6 Health and Safety at Work Act (1974)	
□ Key aspects: • The employers' responsibilities for health and safety in the workplace • The employees' responsibilities for health and safety in the workplace	To include: □ Key aspects of the Act in relation to teaching content 3.1 □ Examples of the impact of legislation on care settings, practitioners, and service users Does not include: □ Aspects of the Act not identified in the teaching content
3.7 Manual Handling Operations Regulations (1992)	
□ Key aspects: • Avoid the need for manual handling if possible • Assess the risk from any manual handling that is unavoidable • Take action to reduce the risk of injury as far as possible • Employers must provide information, training and supervision about safe manual handling	To include: □ Key aspects of the Act in relation to teaching content 3.1 □ Examples of the impact of legislation on care settings, service users and practitioners Does not include: □ Aspects of the Act not identified in the teaching content
3.8 Control of Substances Hazardous to Health (COSHH) (2002)	
□ Key aspects: • Employers must prevent or reduce workers exposure to hazardous substances • Requirement for safe storage, labelling and disposal of hazardous substances • Staff properly trained to safely use hazardous substances • Requirement for an up-to-date COSHH file listing all hazardous substances in the workplace	To include: □ Key aspects of the Act in relation to teaching content 3.1 □ Examples of the impact of legislation on care settings, practitioners and service users Does not include: □ Aspects of the Act not identified in the teaching content

 © Cambridge OCR 2025

3.9 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013)	
□ Key aspects: • Requirement for employers to keep written records and to report certain types of incidents to the HSE • Records must be kept in an 'accident book' of any workplace accident, that causes absence from work for more than seven days • Reporting occupational infectious diseases/illnesses	To include: □ Key aspects of the Act in relation to teaching content 3.1 □ Examples of the impact of legislation on care settings, practitioners and service users Does not include: □ Aspects of the Act not identified in the teaching content
Topic area 4: Best practice in health and social care settings	
Teaching content	**Breadth and Depth**
4.1 Person-centred values	
□ Individuality □ Choice □ Rights □ Independence □ Privacy □ Dignity □ Respect □ Partnership □ Encouraging service users' decision making	To include: □ Know the meaning of person-centred values □ The importance of applying person-centred values □ Consequences for the service user if person-centred values are not applied □ How the person-centred values could be applied in different health and social care scenarios and settings, including responding to and providing examples
4.2 The 6Cs	
□ Care □ Compassion □ Competence □ Communication □ Courage □ Commitment	To include: □ Know the meaning of the '6Cs' □ The importance of the 6Cs □ Consequences for the service user if the 6Cs are not demonstrated □ How the 6Cs could apply in different health and social care scenarios and settings, including responding to and providing examples
4.3 Safeguarding in health and social care settings	
□ Safeguarding policies in care settings: • Aim of safeguarding policy • Legal requirement for settings to have a safeguarding policy • Key features of a safeguarding policy: o Designated safeguarding lead (DSL) o Training for all staff o DBS checks – Standard, Enhanced and the barred list □ People who may need safeguarding: • Vulnerable groups • Children • People in residential care settings • People with physical and learning disabilities • People with mental health conditions	To include: □ To know that the aim of safeguarding children and vulnerable adults is to: • Stop abuse or neglect wherever possible • Prevent harm • Reduce the risk of abuse or neglect to adults with care and support needs • Safeguard adults in a way that supports them in making choices and having control about how they want to live □ Policies for safeguarding and how they are applied □ Examples of situations where safeguarding is necessary and the impact of a lack of safeguarding on individuals, practitioners and settings

 © Cambridge OCR 2025

• People with sensory impairments • People dependent on carers □ Impacts of a lack of safeguarding: • Physical impacts • Intellectual impacts • Emotional impacts • Social impacts □ Dealing with disclosures: • Duty to report suspected abuse: ○ Physical ○ Emotional ○ Sexual ○ Neglect ○ Financial • Follow reporting procedures • Support and comfort for the individual • Do not judge • Maintain confidentiality • Protect self	□ Know how to deal with disclosures
4.4 Supporting practitioners to apply best practice in health and social care settings	
□ Using effective communication □ Provision of training and professional development opportunities for staff □ Mentoring, monitoring and performance management of staff □ Staff meetings to discuss issues/practice	To include: □ Why supporting best practice is important for service users, practitioners and providers □ Application to different health and social care scenarios and settings, including responding to and providing examples

 © Cambridge OCR 2025

Assessment guidance

This unit is assessed by an exam. The exam is 1 hours and 30 minutes and has 60 marks in total. All questions in the exam are compulsory.

The exam will **always** have:

Questions to assess Performance Objectives 1, 2, and 3	• PO1: these questions will require students to recall generic knowledge and understanding. • PO2: these questions will require students to apply knowledge and understanding. • PO3: these questions will require students to analyse and evaluate knowledge, understanding and performance in relation to the scenario.
A range of question types	• 'Structured' questions (e.g. Q1 (a), (b), (c) (i) (ii) etc…) including: o Short answer, closed response questions (with or without diagrams) and controlled response questions including MCQs – typically 1 to 4 marks. o Extended constructed response with points-based mark scheme – typically 1 to 4 marks, 1 mark per factor or feature to a stated maximum. o Extended constructed responses with levels of response mark schemes. • Some items will use scenarios/contexts.
Questions relating to each Topic Area	• Content will be sampled from all topic areas, with at least one question or part question relating to each topic area.

This will be conducted under examination conditions. For more details refer to the Administration area.

A range of question types will be used in the exam.

The guide to our Sample Assessment Material for this unit gives more information about the layout and expectations of the exam.

The exam for this unit assesses the following Performance Objectives:

- PO1 – Show knowledge and understanding
- PO2 – Apply knowledge and understanding
- PO3 – Analyse and evaluate knowledge, understanding and performance.

 © Cambridge OCR 2025

Synoptic assessment

This unit allows students to gain underpinning knowledge and understanding relevant to the qualification and sector. The NEA units draw on and strengthen this learning with students applying their learning in an applied or practical way.

The following NEA units have synoptic links with this unit. The synoptic grids at the end of these NEA units show these synoptic links.

- F092: Person-centred approach to care
- F093: Supporting people with mental health conditions
- F094: Supporting people with long term physiological conditions
- F095: Investigating public health
- F096: Supporting people in relation to sexual health, pregnancy and postnatal health

More information about synoptic assessment in these qualifications can be found in Section 6.2 Synoptic Assessment.

 © Cambridge OCR 2025

5.2.2 Unit F091: Anatomy and physiology for health and social care

Unit aim

The human body is a complex system made of many organs working together to sustain life. If you work in the health and social care sector, it is vitally important to understand how the body functions. For example:

- paramedics need to understand signs and symptoms of certain conditions
- radiographers need to understand the structure of bones and joints
- dieticians need to know how to adapt diets to help people with certain conditions
- occupational therapists need to understand how certain conditions will affect daily life and the support people may need to live independently.

This unit will be a journey of discovery where you will explore how your body works from the cellular to the multicellular level.

In this unit you will learn about the arrangement of body systems and the structure and function of the component parts. You will learn about key processes within each body system, that enable them to function properly. You will then explore conditions affecting these systems, specifically learning about the biological basis, monitoring, treatment and impact on lifestyle and independence.

Unit F091: Anatomy and physiology for health and social care	
Topic Area 1: Cardiovascular system	
Teaching content	**Breadth and depth**
1.1 Composition and functions of blood	
1.1.1 White blood cells □ Percentage of white blood cells in blood □ Functions • Fight infections • Destroy cancer cells	To include: □ Know the percentage of white blood cells in blood □ How white blood cells fight infection using antibodies and the process of phagocytosis □ Know that white blood cells destroy cancer cells Does not include: □ Specific types of white blood cells and their roles □ How white blood cells destroy cancer cells
1.1.2 Red blood cells □ Percentage of red blood cells in blood □ Function • Oxygen transportation □ Structural adaptations • Biconcave discs • No nucleus □ How red blood cells transport oxygen	To include: □ Know the percentage of red blood cells in blood □ How structural adaptations of red blood cells aid their function □ Red blood cells contain haemoglobin which binds to oxygen to form oxyhaemoglobin
1.1.3 Plasma □ Percentage of plasma in blood □ Function • Transporting substances □ How plasma affects blood viscosity	To include: □ Know the percentage of plasma in blood □ How plasma transports substances around the body □ That elevations in plasma proteins increase blood viscosity and impair blood flow Does not include: □ The impact on blood pressure or thermoregulation

 © Cambridge OCR 2025

1.1.4 Platelets □ Percentage of platelets in blood □ The blood clotting process • Platelets • Blood clotting factors • Fibrin	To include: □ Know the percentage of platelets in blood □ The function of platelets, blood clotting factors and fibrin in the blood clotting process Does not include: □ Different types of blood clotting factors
1.2 The heart	
1.2.1 Structure of the heart □ Blood vessels • Inferior Vena Cava • Superior Vena Cava • Pulmonary Artery • Pulmonary Vein • Aorta □ Chambers • Right Atrium • Left Atrium • Right Ventricle • Left Ventricle □ Valves • Tricuspid • Semi-lunar Pulmonary • Bicuspid • Semi-lunar Aortic □ Other structures • Septum • Cardiac tissue • Coronary arteries	To include: □ Know the location and function of the structures □ The flow of blood through the structures of the heart, including where blood is travelling to and from □ Students may be asked to label and/or use diagrams of structure and functions
1.2.2 Blood pressure □ What blood pressure is □ Systolic and diastolic phases □ Systolic and diastolic pressure □ Blood pressure values • Ideal range • Low range • High range	To include: □ What is happening within the heart during each phase □ Interpret diagrams of blood pressure readings/charts
1.2.3 Electrical activity of the heart □ Location and function of • SA node • AV node • Bundle of His • Purkyne/Purkinje Fibres □ Electrocardiogram (ECG) trace	To include: □ Use of Electrocardiogram (ECG) traces and interpretation □ Know what is happening in the heart at the P, Q, R, S and T points on an ECG □ Recognise when P, Q, R, S and T wave forms are normal and abnormal □ Students may be asked to label and/or use diagrams Does not include: □ Details of hormonal or nervous coordination

 © Cambridge OCR 2025

1.3 Blood vessels	
1.3.1 Arteries □ Function • Take blood away from the heart □ Structural adaptations • Thick muscular walls • Elastic walls • Narrow lumen	To include: □ How the structural adaptations of arteries aid their function
1.3.2 Capillaries □ Function • Exchange of substances □ Structural adaptations • Wall one cell thick • Porous wall • Narrow lumen • Slow blood flow	To include: □ How the structural adaptations of capillaries aid their function
1.3.3 Veins □ Function • Return blood to the heart □ Structural adaptations • Wide lumen • Valves	To include: □ How the structural adaptations of veins aid their function
1.4 Conditions of the cardiovascular system	
1.4.1 Angina □ Overview and causes • Reduced blood flow to the heart muscles • Causes include: o Atheroma o Narrowing of coronary arteries	To include: □ **Overview and causes** • How the causes of angina link to the structure and functions of the cardiovascular system For example: o How an atheroma reduces blood flow through the arteries and decreases delivery of oxygen to the heart muscles
□ Main signs and symptoms • Tight chest • Chest pains (radiating to arm, neck and jaw) • Breathlessness	□ **Main signs and symptoms** • Know the main signs and symptoms of angina
□ Diagnosis and monitoring • ECG • Angiogram • Blood tests	□ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor angina • Students may be asked to interpret angiograms of the condition
□ Treatments • Surgical treatments o Angioplasty o Coronary bypass • Non-surgical treatments o Nitrolingual pump (Angina pump) o Anticoagulants	□ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments

 © Cambridge OCR 2025

□ Factors that make the development of the condition more likely • Obesity • High fat and/or salt diet • Smoking • Diabetes • Stress	□ **Factors that make the development of the condition more likely** • How the factors link to the cardiovascular system
□ Control and prevention • Lifestyle changes o Reduce fat and/or salt in diet o Stop smoking o Reduce stress o Exercise regularly o Lose weight	□ **Control and prevention** • How the methods listed help to control and prevent the condition and how they link to the cardiovascular system
□ Impact of the condition on the individual: • Physical • Intellectual • Emotional • Social	□ **Impact of the condition on the individual** should consider all aspects of Topic Area 1.4.1 □ Application of all of Topic Area 1.4.1 to different scenarios, including responding to and providing examples
1.4.2 Deep vein thrombosis (DVT) □ Overview and causes • Blood clot within a deep vein • Restrictive blood flow • Commonly affects the legs or pelvis • Can be very serious if blood clots break loose and travel to lungs causing a pulmonary embolism	To include: □ **Overview and causes** • How DVT and pulmonary embolisms link to the structure and functions of the cardiovascular system For example: o How part of a DVT (blood clot) can travel to the lungs resulting in a pulmonary embolism which blocks blood flow to the lungs
□ Main signs and symptoms • Pain (at the site of the DVT) • Swelling (at the site of the DVT) • Redness (at the site of the DVT)	□ **Main signs and symptoms** • Know the main signs and symptoms of DVT
□ Diagnosis and monitoring • Ultrasound • Venography	□ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor DVT
□ Treatments • Anticoagulant medicine • Thrombolytics • Thrombectomy • Filters	□ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments
□ Factors that make the development of the condition more likely • Age (60+) • Overweight • Smoking • Contraceptive medication • Hormone replacement therapy • Previous DVT • Flying/restricted movement	□ **Factors that make the development of the condition more likely** • How the factors listed link to the cardiovascular system

 © Cambridge OCR 2025

□ Control and prevention • Compression stockings • Regular movement • Hydration • Lifestyle changes o Stop smoking o Exercise regularly o Lose weight	□ **Control and prevention** • How the methods listed help to control and prevent the condition and how they link to the cardiovascular system
□ Impact of the condition on the individual: • Physical • Intellectual • Emotional • Social	□ **Impact of the condition on the individual** should consider all aspects of Topic Area 1.4.2 □ Application of all of Topic Area 1.4.2 to different scenarios, including responding to and providing examples
Topic Area 2: Respiratory system	
Teaching content	**Breadth and depth**
2.1 Structure and function of the respiratory system	
□ Epiglottis □ Larynx □ Trachea □ Bronchi □ Bronchioles □ Alveoli □ Diaphragm □ Ribs □ Internal Intercostal Muscles □ External Intercostal Muscles □ Pleural Membrane □ Pleural Fluid	To include: □ Know the location and function of each of the structures □ Students may be asked to label and/or use diagrams of structure and functions
2.2 Mechanics of breathing	
□ Inspiration □ Expiration □ Pressure □ Volume □ The role of • The diaphragm • Internal intercostal muscles • External intercostal muscles	To include: □ The mechanics of inspiration and expiration, including: • How changes in volume and pressure result in inspiration and expiration □ Students may be asked to label and/or use diagrams of the mechanics of breathing
2.3 Gaseous exchange	
□ The exchange of oxygen and carbon dioxide □ The role of haemoglobin in gaseous exchange □ Diffusion gradients □ The structure and function of alveoli □ Structural adaptations of alveoli • Thin walls • Large surface area • Fluid lined	To include: □ The process of exchange between the lungs and the blood □ Know that oxygen binds to haemoglobin to form oxyhaemoglobin □ The differences in concentrations of oxygen and carbon dioxide in the alveoli and capillaries □ The effects of diffusion gradients on the exchange of oxygen and carbon dioxide □ How the structure of alveoli aids their function □ Students may be asked to label and/or use diagrams of alveoli and gaseous exchange

 © Cambridge OCR 2025

2.4 Cellular respiration	
□ Aerobic respiration □ Anaerobic respiration □ ATP as a form of energy	To include: □ Anaerobic respiration in animals only □ Know what cellular respiration is □ The products required for aerobic respiration, where in the cell it occurs, the substances created and the waste products □ The products required for anaerobic respiration, where in the cell it occurs, the substances created and the waste products □ The differences between aerobic and anaerobic respiration Does not include: □ Knowledge of glycolysis, Krebs cycle, electron transport chain or anaerobic respiration in microorganisms
2.5 Conditions of the respiratory system	
2.5.1 Asthma □ Overview and causes • Airways sensitive to triggers • Smooth muscle of airways constricts • Walls of airways become inflamed • Mucus is produced • Airways temporarily narrowed • Gaseous exchange is reduced • Less oxygen enters the bloodstream □ Main signs and symptoms • Wheezing • Coughing • Tight Chest • Breathlessness □ Diagnosis and monitoring • Peak flow meters • Spirometer □ Treatments • Reliever inhaler • Preventer inhaler • Steroidal tablets • Nebuliser	To include: □ **Overview and causes** • How the causes of asthma link to the structure and functions of the respiratory system For example: ○ How restricted airways reduces gaseous exchange and oxygen movement into the bloodstream □ **Main signs and symptoms** • Know the main signs and symptoms of asthma □ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor asthma □ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments

 © Cambridge OCR 2025

□ Factors that make incidence of the condition more likely • Family history • Triggers: o Chest infections o Allergies - Animal fur or feathers - Dust - Pollen o Medicine o Mould or damp o Environmental factors - Pollution - Temperature	□ **Factors that make incidence of the condition more likely** • How the factors listed link to respiratory system
□ Control and Prevention • Preventer inhaler • Steroidal tablets • Avoid triggers • Lifestyle change o Exercise regularly o Stop smoking	□ **Control and prevention** • How the methods listed help to control and prevent the condition and how they link to the respiratory system
□ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Impact of the condition on the individual** should consider all aspects of Topic Area 2.5.1 □ Application of all of Topic Area 2.5.1 to different scenarios, including responding to and providing examples
2.5.2 Bacterial pneumonia □ Overview and causes • Bacterial infection in the lungs • Inflammation in the lungs • Alveoli fills with pus and other liquids	To include: □ **Overview and causes** • How the causes of bacterial pneumonia link to the structure and functions of the respiratory system For example: o How alveoli being filled with pus reduces oxygen transfer to blood
□ Main signs and symptoms • Cough • Breathing difficulties • Chest pain • Fever	□ **Main signs and symptoms** • Know the main signs and symptoms of bacterial pneumonia
□ Diagnosis and monitoring • Physical examination • X-ray • Sputum test • Blood test	□ **Diagnosis and Monitoring** • What the methods are • How and when the methods are used to diagnose and monitor bacterial pneumonia
□ Treatments • Antibiotics o Tablets o Intravenous • Fluids • Oxygen	□ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments

 © Cambridge OCR 2025

□ Factors that make the development of the condition more likely
• Lifestyle choices
  ○ Smoking
• Age (babies, elderly)
• Underlying health conditions
  ○ Asthma
  ○ Diabetes
• Weakened immune system
	□ **Factors that make the development of the condition more likely**
	• How the factors listed make the development of the condition more likely and how this links to respiratory system

□ Control and prevention
• Flu vaccinations
• Lifestyle changes
  ○ Exercise regularly
  ○ Hydration
	□ **Control and prevention**
	• How the methods listed help to control and prevent the condition and how they link to the respiratory system

□ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Impact of the condition on the individual** should consider all aspects of Topic Area 2.5.2 □ Application of all of Topic Area 2.5.2 to different scenarios, including responding to and providing examples
Topic Area 3: Digestive system	
Teaching content	**Breadth and depth**
3.1 Structure and function of the digestive system	
□ Buccal cavity □ Salivary glands □ Oesophagus □ Stomach □ Small intestines □ Large intestines (colon/bowel) □ Rectum □ Anus □ Pancreas □ Pancreatic duct □ Liver □ Gallbladder □ Bile Duct	To include: □ Know the function and location of the structures listed □ Students may be asked to label and/or use diagrams of the digestive system
3.2 Mechanical and chemical digestion	
3.2.1 Mechanical digestion □ The process of mechanical digestion □ The function of the mouth and stomach in mechanical digestion	
3.2.2 Chemical digestion □ The process of chemical digestion • Protein • Fats • Carbohydrates □ The role of enzymes in chemical digestion □ The function of the mouth, stomach and small intestines in chemical digestion	To include: □ The chemical digestion of protein • Where it happens • Proteases break down protein into amino acids □ The chemical digestion of fat • Where it happens • Lipases break down fats into fatty acids and glycerol □ The digestion of carbohydrates • Where it happens • Carbohydrases break down carbohydrates into glucose

 © Cambridge OCR 2025

	Does not include: □ Any other specific enzymes involved in chemical digestion
3.3 Absorption and assimilation	
3.3.1 Absorption □ The function of • Small intestines • Capillaries • Lacteals □ The absorption of • Fatty acids and glycerol • Glucose • Amino acids	To include: □ How the structure of the small intestines, capillaries and lacteals aids their function
3.3.2 Assimilation □ The function of • Capillaries • Plasma • Tissue fluid □ How hydrostatic pressure aids assimilation □ Products that are assimilated • Glucose • Amino acids • Fat • Vitamins • Minerals	To include: □ How nutrients move from the blood to tissue fluids □ Know the products that are assimilated
3.4 Conditions of the digestive system	
3.4.1 Bowel polyps □ Overview and causes • Abnormal production of cells in the lining of the bowel • Occur in the colon and rectum • Most are harmless • May develop into cancer over time □ Main signs and symptoms • Blood in stool • Diarrhoea • Constipation • Abdominal pain □ Diagnosis and monitoring • Screening (where appropriate) • Colonoscopy □ Treatments • Polypectomy (wire loop) • Open surgery (large polyps)	To include: □ **Overview and causes** • How the causes of bowel polyps link to the structure and functions of the digestive system For example: o How large bowel polyps cause abdominal pain, diarrhoea and blood in the stool □ **Main signs and symptoms** • Know main the signs and symptoms of bowel polyps □ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor bowel polyps □ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments

 © Cambridge OCR 2025

□ Factors that make the development of the condition more likely • Sex • Age (50+) • Diet (high fat and processed food) • Family history • Crohn's disease • Smoking □ Control and prevention • Lifestyle changes ○ High fibre diet ○ Lose weight ○ Exercise regularly ○ Stop smoking □ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Factors that make the development of the condition more likely** • How the factors listed make the development of the condition more likely and how this links to the digestive system □ **Control and prevention** • How the methods listed help to control and prevent the condition and how they link to the digestive system □ **Impact of the condition on the individual** should consider all aspects of Topic Area 3.4.1 □ Application of all of Topic Area 3.4.1 to different scenarios, including responding to and providing examples Does not include: □ Bowel cancer
3.4.2 Gallstones □ Overview and causes • Stones form in the gallbladder • Formed from crystals of cholesterol and bilirubin • Gradually become larger • Stones can become trapped in the bile duct • Blocks secretion of bile into the small intestines □ Main signs and symptoms • Abdominal pain • Jaundice • Fever • Nausea □ Diagnosis and monitoring • Physical examination • Ultrasound • Blood test □ Treatments • Surgical treatments ○ Laparoscopic cholecystectomy ○ Open cholecystectomy • Non-surgical treatments ○ Pain relief	To include: □ **Overview and causes** • How the causes of gallstones link to the structure and functions of the digestive system For example: ○ How gallstones can affect digestion of fat □ **Main signs and symptoms** • Know the main signs and symptoms of gallstones □ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor gallstones • Students may be asked to interpret ultrasounds of the condition □ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments

 © Cambridge OCR 2025

□ Factors that make the development of the condition more likely • Female • Age (40 plus) • Obesity • Family history • Alcohol abuse □ Control and prevention • Lifestyle changes o Dietary changes o Lose weight □ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Factors that make the development of the condition more likely** • How the factors listed make the development of the condition more likely and how this links to the digestive system □ **Control and prevention** • How the methods listed help to control and prevent the condition and how they link to the digestive system □ **Impact of the condition on the individual** should consider all aspects of Topic Area 3.4.2 □ Application of all of Topic Area 3.4.2 to different scenarios, including responding to and providing examples
Topic Area 4: Musculoskeletal system	
Teaching content	**Breadth and depth**
4.1 Skeletal system	
4.1.1 Skeletal structure □ Axial skeleton • Cranium • Sternum • Ribs • Vertebral column □ Appendicular skeleton • Scapula • Clavicle • Humerus • Radius • Ulna • Pelvis • Femur • Patella • Tibia • Fibula	To include: □ Know the function of the axial and appendicular skeleton □ Students may be asked to label and/or use diagrams of the skeletal structure Does not include: □ Any other bones
4.1.2 Structure of bone □ Growth plates □ Compact bone □ Bone marrow □ Cartilage	To include: □ Know the structural components of bone □ Students may be asked to label and/or use diagrams of the structure of bone Does not include: □ Haversian canal □ Volkmann canal □ lamella □ Canaliculi
4.1.3 Formation of bone □ Osteoclasts □ Osteoblasts	To include: □ How bone is remodelled • Osteoclasts dissolve old bone tissue • Osteoblasts create new bone tissue

 © Cambridge OCR 2025

4.1.4 Synovial joints □ Bone □ Cartilage □ Articular capsule □ Synovial fluid □ Synovial membrane □ Tendon □ Ligament	To include: □ The structure of a synovial joint □ The location and function of the different components of a synovial joint □ Students may be asked to label and/or use diagrams of types of synovial joints (Topic Area 4.1.5)
4.1.5 Types of synovial joints □ Pivot □ Hinge □ Ball and Socket □ Saddle □ Gliding/sliding □ Condyloid	To include: □ Know the types of synovial joints □ Synovial joints from the body • Pivot (neck and forearm) • Hinge (elbow and knee) • Ball and Socket (hip and shoulder) • Saddle (thumb) • Gliding/sliding (hand and foot) • Condyloid (wrist and ankle)
4.2 Muscular system	
□ Biceps □ Triceps □ Pectorals □ Deltoid □ Hamstrings □ Quadriceps □ Gastrocnemius □ Abdominals	To include: □ Know the location and function of the muscles of the muscular system □ Students may be asked to label and/or use diagrams of the muscular system Does not include: □ Any other muscles
4.3 Conditions of the musculoskeletal system	
4.3.1 Carpal tunnel syndrome □ Overview and causes • Pressure on median nerve in the wrist □ Main signs and symptoms • Numbness in hands • Tingling • Pain in arm or hands • Weakness in hands/wrist □ Diagnosis and monitoring • Physical examination • Ultrasound • Electromyography (nerve test) □ Treatments • Surgical treatments ○ Carpal tunnel surgery • Non-surgical treatments ○ Wrist splints ○ Pain medication ○ Hand exercise	To include: □ **Overview and causes** • How the causes of carpal tunnel syndrome link to the structure and functions of the musculoskeletal system For example: ○ Why pressure on the median nerve causes numbness in the hands □ **Main signs and symptoms** • Know the main signs and symptoms of carpal tunnel syndrome □ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor carpal tunnel syndrome □ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments

 © Cambridge OCR 2025

□ Factors that make the development of the condition more likely • Wrist fracture • Obesity or being overweight • Family history • Working with vibrating tools • Prolonged/regular computer-based activities • Rheumatoid arthritis • Hormonal or metabolic changes (for example, due to pregnancy, menopause, thyroid imbalance)	□ **Factors that make the development of the condition more likely** • How the factors listed make the development of the condition more likely and how this links to the musculoskeletal system
□ Control and prevention • Grip with less force • Take breaks when working with hands • Keep hands warm • Hand stretches	□ **Control and prevention** • How the methods listed help to control and prevent the condition and how they link to the musculoskeletal system
□ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Impact of the condition on the individual** should consider all aspects of Topic Area 4.3.1 □ Application of all of Topic Area 4.3.1 to different scenarios, including responding to and providing examples
4.3.2 Osteoarthritis □ Overview and causes • Loss of cartilage • Loss of joint space • Friction between bones • Inflammation • Bone spurs	To include: □ **Overview and causes** • How the causes of osteoarthritis link to the structure and functions of the musculoskeletal system For example: ○ How the loss of cartilage causes friction between the bones and leads to pain and stiffness
□ Main signs and symptoms • Pain • Inflammation • Stiffness • Limited range of movement • Grating and crackling sounds in joints	□ **Main signs and symptoms** • Know the main signs and symptoms of osteoarthritis
□ Diagnosis and monitoring • Physical examination • X-ray • Exploratory surgery	□ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor osteoarthritis • Students may be asked to interpret X-rays of the condition
□ Treatments • Surgical treatments ○ Joint fusing ○ Joint replacement • Non-surgical treatments ○ Pain medication	□ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments

 © Cambridge OCR 2025

○ Non-steroidal anti-inflammatory drugs (NSAID) ○ Steroid injections □ Factors that make the development of the condition more likely • Age • Obesity • Other joint conditions • Joint injury □ Control and prevention • Joint support devices • Lifestyle changes ○ Exercise regularly ○ Lose weight □ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Factors that make the development of the condition more likely** • How the factors listed make the development of the condition more likely and how this links to musculoskeletal system □ **Control and prevention** • How the methods listed help to control and prevent the condition. How they link to the musculoskeletal system □ **Impact of the condition on the individual** should consider all aspects of Topic Area 4.3.2 □ Application of all of Topic Area 4.3.2 to different scenarios, including responding to and providing examples
Topic Area 5: Control and regulatory systems	
Teaching content	**Breadth and depth**
5.1 The nervous system	
5.1.1 Components of the nervous system □ Central nervous system □ Peripheral nerves □ Autonomic system □ Spinal cord □ Sensory and motor neurones	To include: □ Know the main components of the nervous system □ Know the functions of each component □ Know how the components work together
5.1.2 The brain □ Cerebral cortex □ Cerebellum □ Brain stem □ Meninges □ Cerebral fluid □ Pituitary gland □ Hypothalamus	To include: □ Know the location and function of each of the structures □ Students may be asked to label and/or use diagrams of the brain Does not include: □ Any other structures of the brain
5.1.3 Neurone □ Structure of neurones • Dendrites • Soma • Nucleus • Axon • Schwann Cells • Myelin Sheath • Node of Ranvier • Synaptic knob □ Nerve Action • Action potential • Synaptic knob • Synapse • Neurotransmitter • Receptors	To include: □ Neurones • Students may be asked to label and/or use diagrams of sensory and motor neurones □ Nerve action • Nerve action (movement of an impulse across a synapse) • The function of each component listed in nerve action • Students may be asked to label and/or use diagrams of nerve action

 © Cambridge OCR 2025

5.2 Homeostasis	
5.2.1 Homeostatic mechanisms □ Variable □ Receptor □ Control centre □ Effector □ Negative feedback mechanism	To include: □ The principle of homeostasis □ The importance of homeostasis □ What are variables, for example levels too high or low □ The role of the receptor, control centre and effector in homeostasis □ What is meant by a negative feedback mechanism Does not include: □ Positive feedback mechanisms
5.2.2 Control and regulation of blood glucose □ Pancreas □ Liver □ Cells □ Insulin □ Glucagon □ Glucose □ Glycogen	To include: □ The role of homeostasis in the control and regulation of blood glucose □ The role of each component in the control and regulation of blood glucose
5.2.3 Control and regulation of water levels □ Hypothalamus □ Pituitary □ Antidiuretic hormone □ Kidney □ Bladder □ Urine	To include: □ The role of homeostasis in the control and regulation of water levels □ The role of each component in the control and regulation of water levels
5.2.4 Control and regulation of body temperature □ Hypothalamus □ Capillaries □ Muscles □ Hair □ Sweat glands	To include: □ The role of homeostasis in the control and regulation of body temperature □ The role of each component in the control and regulation of body temperature
5.3 Conditions of the control and regulatory systems	
5.3.1 Ischaemic strokes □ Overview and causes • Blood clot in a blood vessel in or to the brain • Brain tissue deprived of oxygen • Damaging the brain cells • Which affects how the body functions □ Main signs and symptoms • Face drooping • Weakness in the arms • Slurred speech • Headache • Blurred vision • Loss of consciousness	To include: □ **Overview and causes** • How the causes of ischaemic strokes link to the structure and functions of the control and regulatory system For example: o How a blood clot restricts blood flow to the brain and decreases delivery of oxygen supply to brain cells and the impacts of this □ **Main signs and symptoms** • Know the main signs and symptoms of ischaemic strokes

 © Cambridge OCR 2025

□ Diagnosis and monitoring • Physical examination • Blood tests • MRI scans	□ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor ischaemic strokes • Students may be asked to interpret MRI scans of the condition
□ Treatments • Surgical treatments o Thrombectomy • Non-surgical treatments o Thrombolysis	□ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments
□ Factors that make the development of the condition more likely • Obesity • High fat and/or salt diet • Smoking • Diabetes • Stress • Hypertension	□ **Factors that make the development of the condition more likely** • How the factors listed make the development of the condition more likely and how this links to the control and regulatory system
□ Control and prevention • Medication o Statins o Anti-coagulants o Beta blockers • Lifestyle changes o Lose weight o Reduce fat and/or salt in diet o Stop smoking o Reduce stress o Regular exercise	□ **Control and prevention** • How the methods listed help to control and prevent the condition • How they link to the control and regulatory system
□ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Impact of the condition on the individual** should consider all aspects of Topic Area 5.3.1 □ Application of all of Topic Area 5.3.1 to different scenarios, including responding to and providing examples
5.3.2 Type 2 diabetes □ Overview and causes • Insulin receptors stop responding properly to insulin • Insulin resistance has developed • Pancreas can become damaged and stops producing insulin	To include: □ **Overview and causes** • How the causes of type 2 diabetes link to the structure and functions of the control and regulatory system For example: o How insulin resistance affects the uptake of glucose by cells of the body
□ Main signs and symptoms • Fatigue • Unexplained weight loss • Thirst • Increased urination	□ **Main signs and symptoms** • Know the main signs and symptoms of type 2 diabetes

 © Cambridge OCR 2025

□ Diagnosis and monitoring • Blood glucose test • Urine test • Eye tests • Neuropathy tests □ Treatments • Surgical treatments o Gastric banding • Non-surgical treatments o Metformin • Lifestyle changes o Lose weight □ Factors that make the development of the condition more likely • Obesity • Age 45+ • Inactivity • Ethnicity □ Control and prevention • Lifestyle changes o Lose weight o Dietary changes o Regular exercise □ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor type 2 diabetes □ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments □ **Factors that make the development of the condition more likely** • How the factors listed make the development of the condition more likely and how this links to the control and regulatory system □ **Control and prevention** • How the methods listed help to control and prevent the condition and how they link to the control and regulatory system □ **Impact of the condition on the individual** should consider all aspects of Topic Area 5.3.2 □ Application of all of Topic Area 5.3.2 to different scenarios, including responding to and providing examples
Topic Area 6: Reproductive system	
Teaching content	**Breadth and depth**
6.1 Female and male reproductive systems	
6.1.1 Location, structure and function of the female reproductive system □ Vagina □ Cervix □ Uterus □ Fallopian tubes □ Ovaries	To include: □ The reproductive function of each of the structures □ Students may be asked to label and/or use diagrams of the female reproductive system
6.1.2 Menstrual cycle □ Menstruation □ Follicular phase □ Ovulation □ Luteal phase □ The role of hormones • Follicle stimulating hormone (FSH) • Oestrogen • Luteinising hormone (LH) • Progesterone	To include: □ How long a menstrual cycle is □ What happens during the different phases of the menstrual cycle and when they occur in the cycle □ Hormones involved in the different phases □ Students may be asked to label and/or use diagrams of the menstrual cycle

 © Cambridge OCR 2025

6.1.3 Menopause □ End of the menstrual cycle □ 12 months without a period □ Caused by a reduction in oestrogen and progesterone □ Ovulation stops □ Usually occurs between the ages of 45 and 55 □ Fertility ceases	To include: □ Know what the menopause is □ The biological features of the menopause
6.1.4 Location, structure and function of the male reproductive system □ Penis □ Urethra □ Scrotum □ Testes □ Epididymis □ Vas deferens □ Prostate	To include: □ Know the location and function of each of the structures □ Students may be asked to label and/or use diagrams of the male reproductive system
6.2 Conditions of the reproductive system	
6.2.1 Endometriosis □ Overview and causes • Endometrial tissue grows outside the uterus • Commonly affects the ovaries, fallopian tubes, and pelvic region □ Main signs and symptoms • Pelvic pain • Pain during or after sex • Heavy periods • Severe period pains • Difficulties conceiving □ Diagnosis and monitoring • Pelvic examination • MRI • Ultrasound • Laparoscopy □ Treatment • Surgical treatments ○ Laparoscopic removal of endometriosis tissue ○ Hysterectomy • Non-surgical treatments ○ Pain relief ○ Hormonal medicines and contraceptives □ Factors that make the development of the condition more likely • Family history • Started periods at an early age • Short menstrual cycles • Heavy menstrual periods	To include: □ **Overview and causes** • How the causes of endometriosis link to the structure and functions of the reproductive system For example: ○ How endometrial tissue growing outside the uterus causes pelvic pain □ **Main signs and symptoms** • Know the main signs and symptoms of endometriosis □ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor endometriosis □ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments □ **Factors that make the development of the condition more likely** • How the factors listed make the development of the condition more likely and how this links to the reproductive system

 © Cambridge OCR 2025

□ Control and prevention • Pain relief • Hormonal medicines and contraceptives • Lifestyle changes o Reduce stress o Dietary changes o Exercise regularly	□ **Control and prevention** • How the methods listed help to control and prevent the condition and how they link to the reproductive system
□ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Impact of the condition on the individual** should consider all aspects of Topic Area 6.2.1 □ Application of all of Topic Area 6.2.1 to different scenarios, including responding to and providing examples
6.2.2 Testicular cancer □ Overview and causes • DNA mutations • Most commonly affects germ cells • Tumour only in the testicle (has not spread to lymph nodes or other tissues)	To include: □ **Overview and causes** • How the causes of testicular cancer link to the structure and functions of the reproductive system For example: o How DNA changes can result in the development of a tumour Does not include: □ Metastatic cancer (do not need to cover secondary site cancer)
□ Main signs and symptoms • Lump in the testicle • Feeling of heaviness in the scrotum • Pain in the testicle • Increased firmness of the testicle	□ **Main signs and symptoms** • Know the main signs and symptoms of testicular cancer
□ Diagnosis and monitoring • Physical examination • Ultrasound • Blood test	□ **Diagnosis and monitoring** • What the methods are • How and when the methods are used to diagnose and monitor testicular cancer
□ Treatments • Surgical treatments o Orchidectomy • Non-surgical treatments o Chemotherapy	□ **Treatments** • What the treatments are • How the treatments work • The benefits and limitations of the treatments
□ Factors that make the development of the condition more likely • Undescended testicles • Family history • Age (15-49) • Previous testicular cancer • Radiotherapy	□ **Factors that make the development of the condition more likely** • How the factors listed make the development of the condition more likely and how this links to the reproductive system
□ Impact of the condition on the individual • Physical • Intellectual • Emotional • Social	□ **Impact of the condition on the individual** should consider all aspects of Topic Area 6.2.2 □ Application of all of Topic Area 6.2.2 to different scenarios, including responding to and providing examples

 © Cambridge OCR 2025

Assessment guidance

This unit is assessed by an exam. The exam is 1 hour and 30 minutes. It has two Sections – Section A and Section B.

- Section A has 10 marks.
- Section B has 50 marks.
- The exam has 60 marks in total.

Section A	• 10 x 1 mark controlled response questions including multiple choice questions
Section B	• Structured questions (e.g. Q11 (a), (b), (c) etc…) including: ○ Short answer, closed response questions (with or without diagrams) and controlled response questions including MCQs – typically 1 to 4 marks. ○ Extended constructed response with points-based mark scheme – typically 1 to 4 marks, 1 mark per factor or feature to a stated maximum. ○ Extended constructed responses with levels of response mark schemes. • Some items will use scenarios/contexts. • All Topic Areas are assessed in each assessment.

This will be conducted under examination conditions. For more details refer to the Administration area.

A range of question types will be used in the exam.

The guide to our Sample Assessment Material for this unit gives more information about the layout and expectations of the exam.

The exam for this unit assesses the following Performance Objectives:

- PO1 – Show knowledge and understanding
- PO2 – Apply knowledge and understanding
- PO3 – Analyse and evaluate knowledge, understanding and performance.

Synoptic assessment

This unit allows students to gain underpinning knowledge and understanding relevant to the qualification and sector. The NEA units draw on and strengthen this learning as students will apply their learning to practical or applied tasks.

The following NEA units have synoptic links with this unit. The synoptic grids at the end of these NEA units show these synoptic links.

- F094: Supporting people with long term physiological conditions
- F096: Supporting people in relation to sexual health, pregnancy and postnatal health
- F097: Supporting healthy nutrition and lifestyles

More information about synoptic assessment in these qualifications can be found in Section 6.2 Synoptic Assessment.

 © Cambridge OCR 2025

5.3 NEA Units

5.3.1 Unit F092: Person-centred approach to care

Unit Aim

The individual is always the focus of work in health and social care, professionals should seek to empower the individual and make them central to all decisions made. This unit will introduce you to person-centred care, which involves individuals being equal partners in the planning and delivery of their care. Individuals and their families/carers should have the maximum choice and control and this unit aims to give you some of the tools to achieve that.

In this unit you will learn the principles and values that underpin a person-centred approach to care and the practical tools that can be used to develop care plans for individuals. You will explore how to communicate in health and social care, how to build relationships and the barriers that need to be overcome to achieve person-centred care. You will learn to write outline care plans to suit individuals, using person-centred approaches and develop your reflective practice skills.

Unit F092: Person-centred approach to care	
Topic area 1: Taking a person-centred approach	
Teaching content	**Exemplification**
1.1 Current context of the person-centred approach	
□ The 6Cs □ Person-centred values of care □ Personalisation □ Role of a person-centred approach in achieving good practice in the delivery of care service	To include: □ **The 6Cs** and **person-centred values of care**, taught in Unit F090 □ Ensuring that an individual's preferences, needs and values guide the care that is provided □ Focusing care on the needs of the individual and providing care which is respectful to them □ The individual is placed at the centre of the service and individuals are seen as unique people □ Know that the Care Act 2014 supports person-centred care Does not include: □ Knowing the detailed content of the Care Act 2014
1.2 What a person-centred approach is	
□ A balance between what is important to and what is important for a person □ Clarification of roles and responsibilities □ Co-production - voice, choice and control □ Applying person-centred values	Examples of **what is important to a person** may include, to: □ Be treated as an equal partner in decision making about their care □ Be able to make decisions about their life/care □ Have more of what is important to them Examples of **what is important for a person** may include, to: □ Live life the way they want to □ Be employed □ Form meaningful relationships □ Be able to participate in community activities □ Volunteer

 © Cambridge OCR 2025

	□ Feel they belong To include: □ Benefits of co-production Does not include: □ Potential savings □ The costs of co-production
1.3 Independence and rights	
□ Considerations for inclusion/participation in the local community □ Respecting individuals' rights to accept or decline support □ Support individuals to be as independent as possible	To include: □ Balance between what is important to and for a person □ Decision making should be supported and encouraged □ Information should be given to the individual in a way that is accessible for them □ Right to a private space and to personal information being kept private
1.4 Benefits of a person-centred approach	
□ Allows the individual to remain independent □ Improved experience of health care and social care □ Increases a sense of wellbeing □ Increases self-esteem and confidence □ May increase confidence in other services □ Promotes positive relationships	To include: □ How a person-centred approach recognises diversity □ If the individual is listened to, it will boost their emotional wellbeing □ Individuals can choose to remain in their own home, which boosts wellbeing □ Sense of achievement for the practitioner working with the individual □ Teamwork can be between individual and practitioner, between colleagues, between practitioner and individual's family □ The individual will feel valued
1.5 Methods used to ensure a person-centred approach	
1.5.1 Person-centred planning tools used to gather information about the individual and their routines □ Good days/bad days □ Important to/important for □ Perfect week □ Relationship circle **1.5.2 Interviewing an individual** □ Planning and preparation □ Conducting an interview □ Taking accurate notes	To include: □ Review a range of these tools (template forms for each tool can be used – these are often referred to as person-centred planning or thinking tools) □ The main features of each **tool** □ How using the **tools** ensures a person-centred approach □ How to consider the **tools** in interview planning and preparation □ How to use **tools** to gather information about the individual □ Links to communication skills (Topic Area 3)

 © Cambridge OCR 2025

1.5.3 Creating a one-page profile (OPP)	To include: □ The main features of **a one-page profile (OPP)** □ How an **OPP** ensures a person-centred approach □ Linking the creation of an **OPP** to gathering information and interviewing an individual Examples of the **main features of an OPP** may include: □ Personal details (such as name, age, occupation) □ What people like/appreciate about me □ What is important to me □ How to support me
Topic Area 2: Meeting needs and providing support in a person-centred way	
Teaching content	**Exemplification**
2.1 Types of impairment	
□ Cognitive □ Communication □ Physical □ Sensory	Examples of **types of impairment** may include: □ **Cognitive**: memory loss, issues with focus and concentration, brain injury □ **Communication**: losing the ability to speak, affected speech □ **Physical**: broken bones, loss of limb(s), paralysis, incontinence □ **Sensory**: visual, hearing, touch
2.2 Impact of an impairment on an individual's daily life	
□ Employment or education □ Family responsibilities □ Lifestyle activities □ Personal care □ Social activities	To include: □ What might remain the same as well as what might change □ How an individual might maintain their lifestyle or establish a new routine Examples of **employment or education** may include: □ Getting to and from work □ Being able to do your job Examples of **family responsibilities** may include: □ Taking children to/collecting from school □ Caring for a relative Examples of **personal care** may include: □ Cooking meals □ Cleaning the house □ Dressing □ Feeding □ Toileting Examples of **social** and **lifestyle** may include: □ Exercise □ Going out to eat □ Socialising with friends

 © Cambridge OCR 2025

<table>
<tr><th colspan="2">2.3 Understanding care and support needs arising from impairment</th></tr>
<tr><td>□ Identifying care and support needs in relation to:
• Physical
• Intellectual
• Emotional
• Social
□ Being able to prioritise support needs
□ What is important to the individual and what they enjoy
□ How they will have control over their life
□ How to ensure independence</td><td>To include:
□ Consulting with individual to establish support needs
□ Considering medical needs, alongside emotional and social needs

Examples of care and support needs may include:
□ Physical: mobility issues, manipulative issues such as dressing and eating
□ Intellectual: memory issues, understanding processes
□ Emotional: Mental health support, maintaining self-esteem
□ Social: opportunities to meet others, maintaining relationships with family and friends</td></tr>
<tr><th colspan="2">2.4 Addressing care and support needs</th></tr>
<tr><td>2.4.1 Considering an individual’s needs:
□ Emotional wellbeing
□ Mobility
□ Nutrition and hydration
□ Personal care
□ Social interests and activities
□ Spiritual and cultural wellbeing

2.4.2 Equipment to support:
□ Mobility
□ Nutrition and hydration
□ Personal care
2.4.3 Role of family/friends in supporting an individual’s needs
□ Advocacy
□ Emotional support
□ Physical support
□ Practical support
2.4.4 Support services and practitioners
□ Statutory, voluntary or private services
□ The types of services they offer
□ How the services are accessed
□ Practitioners involved</td><td>To include:
□ Importance of remembering that the individual's wishes are paramount
□ How to use the information collected in an OPP
□ Different health and social care settings will use different care approaches; a selection should be reviewed

□ Ways of being family/friends being involved
□ Family/friends liaising with the individual
□ Family/friends listening and responding to the individual

Examples of statutory, voluntary or private services may include:
□ Charities
□ Community provision from NHS
□ Day centres
□ Local authority, such as housing department
□ Social services

Examples of the types of services offered may include:
□ Online and/or face-to-face consultations/appointment

Examples of how the services are accessed may include:
□ Self-referral
□ GP referral</td></tr>
</table>

 © Cambridge OCR 2025

	Examples of **practitioners involved** may include: □ Community nurse □ Family support worker □ GP practice nurse □ Mental health nurse □ Mental health support worker □ Occupational therapist □ Physiotherapist □ Counsellor □ Care assistant □ Activities co-ordinator
Topic Area 3: Communication skills needed to offer person-centred care	
Teaching content	**Exemplification**
3.1 Verbal communication skills	
□ Pace □ Suitability for audience □ Tone and pitch	To include: □ Adapting verbal communication to ensure appropriate to context/situation/audience □ Not using slang or jargon in communication with individuals □ Consequences of not adapting to the individual
3.2 Non-verbal communication skills	
□ Body language □ Eye contact □ Facial expression □ Proximity □ SOLER theory □ Touch	To include: □ Adapting non-verbal communication to suit the context □ Impact of different cultures on non-verbal communication □ Linking to health and social care situations □ **SOLER theory** – sit Squarely; Open posture; Lean towards the other; Eye contact; Relaxed body language □ Positive and negative body language and facial expression □ Consequences if adaptations not made
3.3 Factors which enhance/inhibit communication	
□ Environmental factors • Comfortable surroundings • Heat • Lighting • Noise • Privacy □ Interpersonal and emotional factors • Cultural barriers • Emotional context • Relationship with individual	To include: □ How each of these aspects might have a positive or negative impact □ How each of these might present different issues in different health and social care settings
3.4 Written communication skills in health and social care	
□ Accurate recording of information □ Appropriateness to context □ Awareness of audience	To include: □ Consequences of inaccuracy □ Spelling and grammar is generally accurate and any errors do not affect the clarity of what is written □ Awareness of avoiding unnecessary acronyms or explaining professional jargon □ Accessibility for the individual, non-professionals and professionals

 © Cambridge OCR 2025

Assessment criteria

The table below gives the assessment criteria for the tasks in the set assignment for this unit. The assessment criteria indicate what is required in these tasks.

This qualification has a compensatory approach. This means that the unit grade awarded is based on the **total** number of achieved criteria for the unit (see Section 6.4). Students do **not** have to achieve **all** criteria for a specific grade to achieve that unit grade (e.g. achieve all pass criteria to achieve a pass grade).

Section 7.4 provides full information on how to assess the NEA units and apply the assessment criteria. Students' work must show that all aspects of a criterion have been met in sufficient detail for it to be **successfully achieved** (see Section 7.4.1). If a student's work does not fully meet a criterion, you must not award that criterion.

The command words used in the assessment criteria are defined in Appendix A.

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td>P1: Create a plan for an interview with your chosen individual.</td><td>M1: Explain in your plan how you will use a person-centred approach when interviewing your chosen individual.</td><td rowspan="5">D1: Evaluate the effectiveness of the overall process in creating an accurate, detailed one-page profile.</td></tr>
<tr><td>P2: Conduct an interview with your chosen individual to gather information about them.</td><td></td></tr>
<tr><td>P3: Complete the specified tools with an appropriate level of detail.</td><td rowspan="2">M2: Assess how well you used the tools to gather and capture information about your chosen individual.</td></tr>
<tr><td>P4: Create a detailed one-page profile for your chosen individual using accurate written communication skills.</td></tr>
<tr><td>P5: Collect feedback on the one-page profile from your chosen individual about how accurately they consider it reflects them as a person.</td><td>M3: Analyse how accurate the one-page profile is, using the feedback from your chosen individual.</td><td>D2: Recommend and justify improvements you would make if you were to create a one-page profile for a real service user.</td></tr>
<tr><td>P6: Using the one-page profile from Task 1, summarise the care and support needs of your chosen individual because of the impairment in relation to PIES.</td><td></td><td rowspan="3">D3: Explain how you used person-centred values when creating the outline plan.</td></tr>
<tr><td>P7: Identify three appropriate pieces of equipment to support your chosen individual.</td><td>M4: Explain how the equipment identified in P7 can help to address the needs of your chosen individual.</td></tr>
<tr><td>P8: Describe how family and friends could support your chosen individual to overcome the impact of the impairment.</td><td>M5: Explain how the support from family and friends will help your chosen individual in their activities of daily living</td></tr>
</table>

 © Cambridge OCR 2025

	and to achieve their perfect week.	**D4: Evaluate** the effectiveness of your outline plan in supporting your chosen individual in their activities of daily living and to achieve their perfect week.
P9: Describe three support services and related practitioners that could be involved in the care and support of your chosen individual and how you access them.	**M6: Explain** how the support services and practitioners could help your chosen individual in their activities of daily living and to achieve their perfect week.	
P10: **Summarise** how your use of a person-centred approach will benefit your chosen individual.		
P11: Explain the outline plan using effective communication skills.	**M7**: **Assess** the communication skills you used when explaining the outline plan and suggest any improvements.	**D5: Explain** how you would take into account the factors that enhance and inhibit communication if you were to explain the outline plan to your chosen individual.
P12: Collect feedback about the communication skills you used when explaining the outline plan.		

Assessment guidance

This assessment guidance gives you information relating to the assessment criteria. There might not be additional assessment guidance for each assessment criterion. It is included only where it is needed.

Assessment Criteria	Assessment guidance
Task 1 General	• Students must choose an individual to interview. This could include friends, family or peers. Students will use this individual as the basis for Task 2, so should consider this when choosing the individual. • Ethical and safeguarding issues must be considered when choosing the individual. You may ask your teacher for advice, if necessary. • Students must not interview individuals who have already completed the assignment. • The student must obtain written permission from their chosen individual to use their details in their assessment. If the individual is under 18 years old, this requires a signature from a parent/carer. This permission must be submitted with the work. • The interview element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P1	• The plan for the interview must include details of who will be interviewed, where and when the interview will take place, what questions the student will ask, why they are asking them and how they will complete the interview. Students must submit the written permission from the interviewee (or parent/carer) to achieve this criterion.
M1	• The student must explain how they will use a person-centred approach in their interview and this must include consideration of at least two person-centred values of care.
P3 and P4	• The level of detail is appropriate if it allows the student to create a detailed one-page profile (P4) and continue their work into Task 2, where they are required to recommend suitable care based on the impact of an impairment (Topic Area 2.2). Without enough detail the student may struggle to complete Task 2.

 © Cambridge OCR 2025

	• To achieve P3 students must use **all four** tools. Students can complete the tools using templates they have created themselves or found through their own research. Found templates must be appropriately referenced and must not be pre-populated. Teachers must not provide templates for students. See Section 7.2 of the specification for further guidance. • For P4, the one-page profile must be based on the information gathered in P3. It must be accurate (Topic Area 3.4), as written communication is assessed in this criterion.
P2 and P5	• For P5 the student must collect feedback from their individual. This can be in the form of notes made by the student based on a conversation with the individual or written feedback from the individual. • The interview notes must be submitted with the work as well as an **Interview Authentication Form** to confirm that the teacher is confident that the student conducted the interview. The form must be signed by the teacher and student. The teacher doesn't need to witness the interview.
D1	• When evaluating the effectiveness of the overall process, students must include all four stages (planning, interview, creation of one-page profile, use of feedback).
D2	• For D2, improvements must relate to the evidence the student has already generated throughout Task 1.
Task 2 General	• The outline plan is intended to cover care and support needed in the short term. It does not need to include long term planning beyond this time period. It does not need to be broken down into separate weeks or make specific reference to the support needed at weekly intervals. • The outline care and support plan is made up of the evidence produced by students for P6, P7, P8, P9, P10, M4, M5 and M6.
P6	• For P6, students must summarise the individual's care and support needs because of the impairment. The needs must be based on the information in the one-page profile they produced in Task 1. They must consider the individual's: physical, intellectual, emotional and social needs. If students feel that there is no impact on an area of PIES they must provide their reasoning.
P7	• For P7, **all three** pieces of equipment must be relevant and appropriate to address the needs of the individual.
M4	• For M4, the explanation must be about how the **three** pieces of equipment in P7 help to address care needs identified in P6.
D3	• For D3 students must explain which values they used and how they used them to create the plan.
P8	• For P8, the student must describe how friends and family could be involved with the proposed support for the individual. They must cover **all four** areas listed in Topic Area 2.4.3 of the specification (advocacy, emotional support, physical support, practical support). • Students can consider family and friends collectively, they do not need to consider them as two separate groups.
M5	• This must relate to the perfect week from Task 1. • The explanation can draw from one or more of the areas described in P8. Students must include how the support will help the individual in their activities of daily living **and** to achieve the perfect week. • Students can consider family and friends collectively, they do not need to consider them as two separate groups.
P9	• The practitioners and support services must be relevant to the needs of the individual. These services and practitioners could be local or

 © Cambridge OCR 2025

	national. Students must include how these services are accessed, including the referral process. Refer to support services and practitioners listed in Topic Area 2.4 of the specification.
M6	• This must relate to the practitioners and support services from P9 and the perfect week from Task 1. • Students must include how the support services and practitioners will help the individual in their activities of daily living **and** to achieve the perfect week.
P11	• Teachers must complete a 'Teacher Observation Record' for each student to evidence they have met the criteria. Students must also read and sign it. • Students must talk through the outline plan using verbal and non-verbal communication skills. They must explain the outline plan to the teacher, or a peer. If the outline plan is explained to a peer, this must be recorded, so that the teacher can use the recording to complete the Teacher Observation Record. The recording does not need to be submitted to us. • The teacher or peer must give adequate feedback to enable the student to access P12 and M7. • See the General Assessment Guidance section above for details of what is meant by the outline plan.
P12	• Students must collect feedback from the teacher or a peer about the communication skills used when explaining the outline care and support plan. They do not need to collect feedback about the content of the plan. • Feedback can be in the form of notes made by the student based on a conversation with the teacher or peer or written feedback from the teacher or peer. • The Teacher Observation Record from P11 **cannot** be used as evidence of feedback for P12
D4	• For D4, this must relate to the perfect week from Task 1.
M7	• Students' assessment of their communication skills must be based on self-reflection and/or the feedback collected in P12.
D5	• For D5, students must consider how environmental, interpersonal and/or emotional factors could impact on how they would communicate the outline plan in a face-to-face situation, if their chosen individual were a service user of the agency (Topic Area 3.3).

Synoptic assessment

Some of the knowledge, understanding and skills needed to complete this unit will draw on the learning in Unit F090.

This table details the synoptic links.

Unit F092: Person-centred approach to care		Unit F090: Principles of health and social care	
Topic Area		Topic Area	
1	Taking a person-centred approach	1	Equality, diversity, and rights in health and social care settings
		4	Best practice in health and social care settings
2	Meeting needs and providing support in a person-centred way	1	Equality, diversity, and rights in health and social care settings

 © Cambridge OCR 2025

		4	Best practice in health and social care settings
3	Communication skills needed to offer person-centred care	1	Equality, diversity, and rights in health and social care settings
		4	Best practice in health and social care settings

More information about synoptic assessment in these qualifications can be found in Section 6.2 Synoptic assessment.

 © Cambridge OCR 2025

5.3.2 Unit F093: Supporting people with mental health conditions

Unit Aim

What does mental health mean? What are the effects of a mental health condition and what support is available for individuals? There are many types of mental health conditions and causes can be complex. Mental health conditions are common, yet many individuals who live with them do not have any support. Treatments and services for individuals with mental health conditions and attitudes towards those individuals and the conditions themselves, need to be better understood and addressed.

In this unit you will learn about how individuals with mental health conditions can be cared for and supported in a way which is suitable for their needs. You will do this through exploring the meaning of mental health and mental health needs, and considering the main types of mental health conditions and how these may affect the life of individuals. You will explore the different ways that individuals may be supported to promote their mental wellbeing, manage their condition, and different forms of treatment and support that may be available.

Unit F093: Supporting people with mental health conditions	
Topic Area 1: Definitions and views of mental health	
Teaching content	**Exemplification**
1.1 Definitions of mental health	
□ Key organisations • World Health Organisation (WHO) • NHS • MIND □ How key organisations define mental health	To include: □ How key organisations define mental health, including what they consider to be good and poor mental health Does not include: □ History of the organisations
1.2 How society views mental health	
□ Work of key organisations (from Topic Area 1.1) □ Media coverage □ Role models □ Stigmas, stereotypes and prejudices	To include: □ How key organisations, media and role models influence views of mental health in the UK □ The types of stigmas, stereotypes and prejudices which continue to exist and their impact □ Positive views/examples, which may include: • Media coverage raising awareness of mental health issues • Increasing number of role models and famous people talking about mental health challenges □ Negative views/examples, which may include: • Media coverage which reinforces simplistic views and stereotypes
Topic Area 2: Mental health conditions	
Teaching content	**Exemplification**
2.1 Types of mental health conditions	
□ Anxiety disorders □ Mood disorders □ Eating disorders □ Phobias □ Personality disorders □ Post Traumatic Stress Disorder (PTSD)	Examples of types of mental health conditions may include: □ **Anxiety disorders** - generalised anxiety disorder, panic disorder, social anxiety disorder, separation anxiety disorder, Obsessive compulsive disorder (OCD)

 © Cambridge OCR 2025

□ Psychotic disorders	□ **Mood disorders** – clinical depression, bipolar, post-natal depression, Seasonal Affective Disorder (SAD) □ **Eating disorders** – anorexia, bulimia, binge eating disorder, OSFED (Other specified feeding and eating disorder) □ **Phobias** – agoraphobia, situational phobias □ **Personality disorders** – borderline personality disorder □ **Psychotic disorders** – schizophrenia Does not include: □ Dementia □ Neurodevelopmental disorders – autism/ASD, ADHD
2.2 Signs and symptoms of mental health conditions	
□ Anger or aggressive behaviour □ Changes from normal patterns of behaviour □ Confusion □ Extreme mood changes of highs and lows □ Fear or panic □ Hallucinations □ Risk to self or others □ Self-harm □ Signs of stress □ Substance misuse □ Suicidal thoughts □ Withdrawal from family and friends	To include: □ How signs and symptoms might vary in severity between individuals and conditions □ How signs and symptoms might develop if the condition worsens, for example, in terms of number, frequency and/or severity
2.3 Individual factors which can increase the risk of suffering from mental health conditions	
□ Bereavement □ Childhood abuse, trauma, or neglect □ Experiencing discrimination and stigma □ Family circumstances □ Physical health □ Relationships □ Severe or long term stress □ Social disadvantage • Education and/or employment • Homelessness or poor housing • Poverty or debt □ Social isolation or loneliness □ Substance misuse	To include: □ What the factors mean □ How the factors may increase the risk
2.4 Effects of mental health conditions	
□ Physical □ Intellectual □ Emotional □ Social □ Financial	To include: □ How the effects can impact on everyday life for the individual □ How the effects can impact on others such as family and friends

 © Cambridge OCR 2025

	Examples of **effects of mental health conditions** on individuals and family and friends may include: □ **Physical** • Sleeping more or less • Tiredness and lack of energy • Poor concentration • Lack of appetite • Digestive problems • Muscle tension • Chest pain □ **Intellectual** • Being easily distracted • Finding it hard to make decisions • Worrying more □ **Emotional** • Aggression • Feeling overwhelmed by things • Tearfulness • Irritability and short temper • Low mood □ **Social** • Loneliness • Withdrawal • Talking less and avoiding social activities • Feeling less interested in day-to-day activities □ **Financial** • Benefits • Income • Job security • Cost of treatment
Topic Area 3: Provision of mental health services	
Teaching content	**Exemplification**
3.1 Types of provision and mental health services in each type locally and nationally	
Types of provision □ Statutory □ Non-statutory • Private • Charitable • Voluntary Mental health services in each type of provision □ Local □ National	To include: □ Know the difference between the different types of provision: • Statutory provision; means services which government has to provide as part of relevant legislation, for example, NHS or local authority services. They should be free at the point of use • Private provision; hospitals/clinics are paid for services • Charitable provision; means registered, non-profit organisations established to support mental health • Voluntary provision; may or may not be linked to charities and can range from large national organisations to small/informal local peer support groups

 © Cambridge OCR 2025

	Examples of **mental health services in each type of provision** may include: □ **Statutory** • NHS: GPs, hospitals, CMHTS (community mental health teams), Children and Young People's Mental Health Services (CYPMHS) • Local authority: social (or community) care, residential care, prisons □ **Private** • Paid for psychiatrist or therapist appointments • Private hospitals/clinics □ **Charitable** • Mind • Samaritans • Young Minds □ **Voluntary** • Community groups • Local peer support groups
3.2 Referral to different services	
□ Self-referral □ Third party referral □ Professional referral	Examples of **referral to different services** may include: □ **Self-referral** • An individual seeks help/accesses the service themselves □ **Third party referral** • Someone who knows the individual (for example, family, friends, work colleague) contacts services on their behalf or about them □ **Professional referral** • Referral from one service to another service that would be able to provide more specialised care and support, such as: o From your GP to: CMHTS (community mental health teams) o From mental health team to: Crisis resolution and home treatment teams (CRHTs) o From a social worker to: GP services
3.3 Practitioners who work in mental health	
□ The roles of different practitioners who work in mental health	Examples of **practitioners who work in mental health** may include: □ Psychiatrists □ Psychologists □ Social workers □ Psychiatric nurses □ Support workers □ Occupational therapists □ Psychological therapists – this may include child psychotherapists, family psychotherapists, play therapists and creative art therapists

 © Cambridge OCR 2025

	□ Primary mental health workers □ Education mental health practitioners – who work in mental health support teams in schools and colleges □ Children's wellbeing practitioners □ Specialist substance misuse workers
3.4 Legislation and individual rights relating to mental health	
□ Mental Health Act 2007 □ Mental Capacity Act 2005	To include: □ Know main features of each act □ Know that Mental Health Act supports people who need treatment for a mental disorder but are unable or unwilling to consent to hospital admission □ Know that Mental Capacity Act protects people who lack the mental capacity to make their own decisions about their care and treatment □ What is meant by being sectioned □ What is meant by choice of care □ How legislation supports individuals who need treatment and support for mental health conditions
Topic Area 4: Treatment and support for mental health conditions	
Teaching content	**Exemplification**
4.1 Types of treatment and support and how they work	
□ Treatments • Medication • Talking treatments • Social prescribing • ECT □ Therapies • Complementary therapies • Creative therapies • Alternative therapies	Examples of **treatments** may include: □ Medication • Antidepressants • Antipsychotics • Minor tranquilisers • Mood stabilisers □ Talking treatments • Counselling • Cognitive behaviour therapy • Couples therapy • Interpersonal therapy • Guided self-help □ Social prescribing • Access to local non-clinical services to support mental health, such as volunteering or community groups □ ECT (electroconvulsive therapy) Examples of **complementary therapies** may include: □ Acupuncture □ Aromatherapy □ Hypnotherapy □ Light therapy □ Massage □ Meditation/Mindfulness □ Pet therapy □ Yoga

 © Cambridge OCR 2025

	Examples of **creative therapies** may include □ Art therapy □ Dance therapy □ Drama therapy □ Music therapy □ Play therapy Examples of **alternative therapies** may include: □ Homeopathy □ Herbal medicine □ CBD oil □ There may be some overlap between treatments and complementary and alternative therapies
4.2 Factors affecting access to treatment and support	
□ Access to and availability of mental health services • Cost • Complexity of working with different services • Mental health service provision in the area • Waiting times/list/difficulty getting appointments/referrals/diagnoses □ The individual needing support: • Acceptance/willingness to get help • Lifestyle • Underlying physical health □ Sustaining treatment • Duration of treatment • Frequency of appointments • Motivation to continue □ Support needed from family/friends	To include: □ Factors can have a positive influence or be a barrier to treatment and support □ Availability of services locally and nationally □ How factors affecting treatment and support would apply to different mental health conditions (Topic Area 2.1) and individual factors (Topic Area 2.3) □ Difficulty of sustaining treatment in the long term □ How support needed from family/friends applies to all the factors
4.3 Person-centred approaches to support people with mental health conditions	
□ Promote privacy □ Dignity □ Respect □ Empathy □ Individualised care □ Compassion □ Consistency □ Advocacy	To include: □ How a person-centred approach can be applied when considering types of support for people with mental health conditions

 © Cambridge OCR 2025

Assessment criteria

The table below gives the assessment criteria for the tasks in the set assignment for this unit. The assessment criteria indicate what is required in these tasks.

This qualification has a compensatory approach. This means that the unit grade awarded is based on the **total** number of achieved criteria for the unit (see Section 6.4). Students do **not** have to achieve **all** criteria for a specific grade to achieve that unit grade (e.g. achieve all pass criteria to achieve a pass grade).

Section 7.4 provides full information on how to assess the NEA units and apply the assessment criteria. Students' work must show that all aspects of a criterion have been met in sufficient detail for it to be **successfully achieved** (see Section 7.4.1). If a student's work does not fully meet a criterion, you must not award that criterion.

The command words used in the assessment criteria are defined in Appendix A.

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td>P1: Compare how definitions of mental health from relevant organisations apply to the individual.</td><td>M1: Discuss positive and negative views of mental health issues based on your own research.</td><td>D1: Evaluate how different views of mental health may impact on the individual.</td></tr>
<tr><td>P2: Describe two examples of positive views of mental health and how they relate to the individual.</td><td></td><td></td></tr>
<tr><td>P3: Summarise what mental health conditions could be affecting the individual.</td><td>M2: Justify why one of the mental health conditions from P3 is the most likely to be affecting the individual.</td><td rowspan="3">D2: Analyse the possible impacts of the individual's mental health condition on their family and/or friends in relation to three areas of PIESF.</td></tr>
<tr><td>P4: Describe the most common signs and symptoms of the mental health conditions from P3.</td><td>M3: Examine possible effects of the condition on the individual in relation to PIESF.</td></tr>
<tr><td>P5: Identify factors in the case study which may increase the risk of the mental health conditions from P3.</td><td>M4: Explain how the individual's signs and symptoms might develop if the condition worsens.</td></tr>
<tr><td>P6: Describe one appropriate mental health service to support the individual from each of:
• Statutory
• Private
• Charitable
• Voluntary
and how they can be accessed.</td><td rowspan="2">M5: Recommend two of the mental health services from P6 to support the individual.</td><td rowspan="2">D3: Evaluate local mental health service provision for the individual's condition.</td></tr>
<tr><td>P7: Explain the roles of three different mental health practitioners who could work with the individual in relation to their condition.</td></tr>
</table>

 © Cambridge OCR 2025

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td>P8: Summarise how legislation supports the individual.</td><td></td><td></td></tr>
<tr><td>P9: Describe three possible treatments for the individual.</td><td rowspan="3">M6: Analyse the suitability of the three treatments from P9 for the individual.</td><td rowspan="2">D4: Discuss how support from other people can help the individual to get the treatment and support they need.</td></tr>
<tr><td>P10: Describe two suitable therapies for the individual.</td></tr>
<tr><td>P11: Assess two potential barriers to the individual accessing treatments from P9.</td><td rowspan="2">D5: Explain how your advice reflects a person-centred approach to supporting the individual.</td></tr>
<tr><td>P12: Assess two potential barriers to the individual accessing therapies from P10.</td><td>M7: Recommend one of the therapies from P10 for the individual.</td></tr>
</table>

Assessment guidance

This assessment guidance gives you information relating to the assessment criteria. There might not be additional assessment guidance for each assessment criterion. It is included only where it is needed.

Assessment Criteria	Assessment guidance
Task 1 General	• Where criteria refer to ‘the individual’ this relates to the individual in the chosen case study. • The research element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P1	• Students must compare how mental health is defined by at least two relevant organisations and consider how these definitions apply to the individual from the chosen case study.
P2	• The examples could include media coverage of relevant conditions or issues, role models who have talked about mental health, or the work of organisations such as WHO, MIND, the NHS or others who have developed campaigns or initiatives. • The descriptions must include how the examples are relevant to the individual from the chosen case study.
M1	• Students must present an in-depth written discussion of both positive and negative views based on their own research. • In the context of the advice pack and case study, the discussion aims to raise awareness for the individual and their family/friends of the views and perceptions of mental health which they may encounter.
D1	• The evaluation could be about how the individual and those around them view mental health issues, and how this could impact on the individual.
Task 2 General	• Where criteria refer to ‘the individual’ this relates to the individual in the chosen case study. • Students must explore options in terms of possible mental health conditions which could be affecting the individual in P3, P4 and P5.

 © Cambridge OCR 2025

	• In M2 they decide which **one** condition is in their view the most likely, and then focus their work on this in M3, M4 and D2 and moving forwards through Tasks 3 and 4. • The research element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P3	• Students must research based on the case study information and summarise what different conditions the individual may potentially be experiencing, applying their learning about types of mental health conditions and examples of these.
P4	• Students describe the most common signs and symptoms associated with the mental health conditions they summarise in P3. Some may be exemplified in the case study notes provided, while others may be drawn from the students' own research about the conditions.
P5	• Students link the case study information for the individual back to factors which may increase the risk of mental health conditions (Topic Area 2.3).
M2	• Students justify which condition from P3 is most likely to be affecting the individual. This could involve drawing on P4 and P5 and considering possible signs and symptoms and contextual information in relation to the case study.
M3	• Students must consider in detail how the condition could impact the individual, covering all areas of PIESF. They must include **one** impact for **each** of Physical, Intellectual, Emotional, Social and Financial.
M4	• Students must explain how a development of the condition might look if the condition gets worse, such as increases in the number, frequency and/or severity of signs and symptoms.
D2	• Students need to analyse how the individual's family and/or friends may be affected by the mental health condition justified in M2. Students must cover **three** areas of PIESF from the point of view of family and/or friends in their analysis and make links between the individual, their condition and behaviour, and the likely impact on their family and/or friends.
Task 3 General	• Where criteria refer to 'the individual' this relates to the individual in the chosen case study. • Where 'local' is referred to, this can refer to the student's town or city but could be expanded to consider the county or region if relevant information can only be found at that level. • The research element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P6	• Students must include the referral process (Topic Area 3.2) in their descriptions of how each service is accessed. • To achieve this criterion students must describe **one** from **each** of **all four** types of mental health services listed.
P7	• Where possible students are advised to choose **three** practitioners related to the services identified in P6.
P8	• For P8 students must summarise how relevant legislation (Topic Area 3.4) supports the individual.
M5	• Students must provide a clear recommendation for why **two** of the services identified in P6 are most appropriate for the individual, linking this to the condition identified.

 © Cambridge OCR 2025

D3	• Students need to reflect on the level of provision available **locally** and make judgements about how sufficient or not this is for the needs of the individual considering their condition and other circumstances. • This could relate back to P6, P7 and M5 in terms of whether potentially beneficial services and practitioners can be accessed near the local area or not.
Task 4 General	• Where criteria refer to 'the individual' this relates to the individual in the chosen case study. • The research element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P9	• Students must describe **three** possible treatments for the condition covering at least **two different types** (for example two different medications and one other from a different 'type' of treatment to medication from Topic Area 4.1).
M6	• Students need to provide relevant points for and against the different treatments (in P9) in relation to their suitability for the individual.
P10	• Students must describe **two** different therapies for the condition. • This can be two complementary therapies, two alternative therapies, or one of each.
P11, P12	• Students must consider which factors could be barriers to the individual getting treatments and therapies covered in P9 and P10 (Topic Area 4.2). • It is acceptable if the same barrier relates to both treatment and therapy, but students need to present their reasons as to why it is a barrier for both.
M7	• Students must consider in detail which of the therapies from those described in P10 would be best for the individual and recommend **one**, saying why it would be most appropriate.
D4	• Students must consider the support the individual may need from other people to help them to get the treatment and support they need. • This could be family and/or friends, but may involve other sources of individual support, for example through local support groups or charities referred to in Topic Area 3. • They must also discuss the challenges around sustaining treatment over time and provide advice and information about sources of support which could help the individual to maintain this longer-term. • This could be applied to the specific treatments and therapies considered in Topic Area 4 but also applied more broadly such as to services and referrals in Topic Area 3.
D5	• Students must give a written explanation of how they have applied their knowledge of person-centred approaches when producing the advice pack.

 © Cambridge OCR 2025

Synoptic assessment

Some of the knowledge, understanding and skills needed to complete this unit will draw on the learning in Unit F090

This table details the synoptic links.

Unit F093: Supporting people with mental health conditions		Unit F090: Principles of health and social care	
Topic Area		Topic Area	
1	Definitions and views of mental health	1	Equality, diversity, and rights in health and social care settings
3	Provision of mental health services	3	Legislation in health and social care settings
		4	Best practice in health and social care settings
4	Treatment and support for mental health conditions	1	Equality, diversity, and rights in health and social care settings
		4	Best practice in health and social care settings

More information about synoptic assessment in these qualifications can be found in Section 6.2 Synoptic assessment.

 © Cambridge OCR 2025

5.3.3 Unit F094: Supporting people with long term physiological conditions

Unit Aim

The human body is a complex machine performing many functions every day. Like any machine it can malfunction, possibly because of an inherent genetic condition, or because of an infection or lifestyle choice. The malfunction could also simply be a result of the natural ageing process. These malfunctions can be referred to as physiological conditions; some will have little impact on daily life or lifespan, whilst others may result in dramatic life changes.

In this unit you will learn about the different types of long term physiological conditions, how these are caused and the daily and long term effects on individuals. In addition, you will develop an understanding of the different methods of monitoring these conditions as well as treatments. You will have the opportunity to conduct your own research and gather data on services in your local area; this data will be used to present your ideas on the effectiveness of the local services. The skills you develop conducting and interpreting your research will be independent learning, referencing, time management and critical thinking.

<table>
<tr><th colspan="2">Unit F094: Supporting people with long term physiological conditions</th></tr>
<tr><th colspan="2">Topic Area 1: Long term physiological conditions</th></tr>
<tr><th>Teaching content</th><th>Exemplification</th></tr>
<tr><td colspan="2">1.1 Types of long term physiological conditions</td></tr>
<tr><td>□ Neurological conditions
□ Degenerative conditions
□ Autoimmune conditions
□ Genetic conditions

□ How long term physiological conditions are linked to body systems:
• Body system(s) they are most directly linked to
• Other body systems which may be affected, either directly or indirectly</td><td>Examples of types of long term physiological conditions may include:
□ Neurological conditions: Alzheimer’s, Motor Neurone Disease (MND), Parkinson’s Disease, Epilepsies, Myalgic Encephalomyelitis (ME)
□ Degenerative conditions: Multiple Sclerosis, Emphysema (a form of COPD – Chronic Obstructive Pulmonary Disease)
□ Autoimmune conditions: Rheumatoid arthritis, Type 1 Diabetes
□ Genetic conditions: Cystic Fibrosis, Sickle Cell Anaemia

□ Conditions listed could fit into more than one of the types

Examples of how long term physiological conditions are linked to body systems may include:
□ Alzheimer's linked to the brain and nervous system
□ Rheumatoid arthritis linked to the skeletal system
□ Cystic Fibrosis linked to the respiratory, digestive system and reproductive systems</td></tr>
<tr><td colspan="2">1.2 Causes of long term physiological conditions</td></tr>
<tr><td>□ Lifestyle
□ Genetics
• Hereditary
• Predisposition
□ Occupational
□ Physiological changes</td><td>Examples of causes of long term physiological conditions may include:
□ Lifestyle: for example, how smoking links to emphysema
• Lifestyle factors may include:
o Smoking
o Lack of Exercise
o Alcohol
o Drugs</td></tr>
</table>

 © Cambridge OCR 2025

	○ Sexual activity □ **Hereditary**: for example, how genetics link to Cystic Fibrosis and Sickle Cell Anaemia □ **Genetic predisposition:** for example, how genetics link to diabetes and rheumatoid arthritis □ **Occupational**: for example, how poor air quality at work links to emphysema □ **Physiological changes**: for example, how an autoimmune response links to rheumatoid arthritis
1.3 Signs and symptoms of long term physiological conditions	
□ Observable signs of the conditions □ Symptoms felt and experienced by individuals with the long term condition □ How signs and symptoms progress over time	To include: □ How signs and symptoms are linked to body systems □ How signs and symptoms affect body function
Topic Area 2: Monitoring and treatment	
Teaching content	**Exemplification**
2.1 Monitoring	
□ What each monitoring method involves □ Which long term conditions each monitoring method can be used for □ The importance of monitoring □ The advantages and disadvantages of each of the methods of monitoring for: • The service • The patient • The medical condition	Examples of **monitoring** may include: □ Clinical observation □ Body fluids tests □ ECG's □ X rays □ CAT/MRI/CT scans □ Ultrasound □ Endoscopy □ Neurological assessment □ Cognitive assessments □ Spirometry □ Lung (Pulmonary) function tests □ Beck Depression Inventory (BDI) □ Sweat tests □ Prostate Specific Antigens (PSA) levels Does not include: □ Specifics on how each monitoring method is carried out
2.2 Treatment	
□ Different types of treatment: • Medical • Therapies • Lifestyle changes □ The advantages and disadvantages of treatment methods for: • The service • The patient • The medical condition	Examples of **treatment** may include: □ **Medical**: • Drug therapy • Surgery • Radiotherapy • Chemotherapy • Stem cells □ **Therapies** • Physiotherapy • Complementary (alternative) therapy • Occupational therapy • Counselling □ **Lifestyle changes** • Physical activity • Diet

 © Cambridge OCR 2025

2.3 Barriers to accessing treatment	
□ Attitudes □ Cultural □ Financial □ Language and communication □ Mobility □ Occupational □ Regional differences in services and provision □ Resource availability □ Travel	To include: □ The impact that these barriers have on individuals □ How barriers to treatment can cause inequality □ How to overcome barriers
2.4 Future developments for the condition	
□ Advances in understanding the condition, treatment and monitoring	To include: □ How the advances could impact on the understanding and/or treatment of the condition in the future Examples of **advances in understanding the condition, treatment and monitoring of conditions:** □ Clinical trials □ Research, such as, research carried out by different organisations (the NHS, drug companies)
Topic Area 3: Impact of long term conditions	
Teaching content	**Exemplification**
3.1 Daily impacts	
□ Daily impacts on • Dressing • Emotional impact • Finance • Mobility • Self-neglect • Shopping • Speech • Social interaction • Washing/personal care □ How daily impacts: • Affect an individual's quality of life • Affect family and/or friends • Can be different in different life stages	To include: □ The daily impacts of the condition on individuals in different life stages: • 4-10 years (childhood) • 11-18 years (adolescence) • 19-45 years (young adulthood) • 46-65 years (middle adulthood) • 65+ years (older adulthood)
3.2 Long term impacts	
□ Long term impacts on • Discrimination • Employment/unemployment • Finance including benefits • Housing • Isolation • Mental health • Relationships □ How long term impacts: • Affect an individual's quality of life • Affect family and/or friends • Can be different in different life stages	To include: □ The long term impacts of the condition for individuals □ The links between daily impacts and long term impacts

 © Cambridge OCR 2025

Topic Area 4: Support individuals to plan their care and support	
Teaching content	**Exemplification**
4.1 Service provision	
□ Primary care □ Secondary care □ Private health care □ Third Sector □ Domiciliary care agencies	To include: □ The service provision that is available for long term conditions □ The suitability and effectiveness of local service provision □ The role of third sector groups □ The role of domiciliary care agencies and how they can work with other sectors and service providers Examples of **primary care** may include: □ General Practitioner (GP) Surgeries □ Health centres □ Pharmacies □ A and E Examples of **secondary care** may include: □ Hospitals □ Social services Examples of **private health care** may include: □ GP □ Hospitals □ Counselling □ Complementary and alternative therapies – acupuncture/chiropodist Examples of **third sector** may include: □ Support groups □ Registered charities □ Associations □ Self-help groups □ Community groups
4.2 Practitioners	
□ The roles of practitioners □ The services they work in □ The impact of practitioners in supporting people with long term physiological conditions	Examples of **practitioners** may include: □ GP's □ Health visitors □ Diabetes nurses □ Practice nurses □ Physiotherapists □ Speech and language therapists □ Dieticians □ Complementary and alternative therapists □ Occupational therapists □ Pharmacists □ Counsellors □ Social workers □ Domiciliary care workers

 © Cambridge OCR 2025

4.3 NICE Guidelines to support individuals	
□ NICE guidelines for specific long term physiological conditions □ The impact of NICE guidelines for specific long term physiological conditions □ How the NICE guidelines are put into practice	To include: □ Identification of relevant National Institute for Health and Care Excellence (NICE) guidelines □ The impact that the guidelines have on supporting people with a specified long term physiological condition

Assessment criteria

The table below gives the assessment criteria for the tasks in the set assignment for this unit. The assessment criteria indicate what is required in these tasks.

This qualification has a compensatory approach. This means that the unit grade awarded is based on the **total** number of achieved criteria for the unit (see Section 6.4). Students do **not** have to achieve **all** criteria for a specific grade to achieve that unit grade (e.g. achieve all pass criteria to achieve a pass grade).

Section 7.4 provides full information on how to assess the NEA units and apply the assessment criteria. Students' work must show that all aspects of a criterion have been met in sufficient detail for it to be **successfully achieved** (see Section 7.4.1). If a student's work does not fully meet a criterion, you must not award that criterion.

The command words used in the assessment criteria are defined in Appendix A.

Pass	Merit	Distinction
P1: **Describe** how the condition affects **one** body system.	**M1**: **Assess** how the condition can affect the body system over time.	**D1**: **Explain** how the condition could affect other body systems.
P2: **Describe** the known causes of the condition.		
P3: **Describe** the signs and symptoms of the condition and how they progress over time.		
P4: **Explain** how the condition would be monitored.	**M2**: **Analyse** the monitoring and/or treatment method(s) for the condition.	**D2: Discuss** current research into the condition and how it could impact on the understanding and/or treatment of the condition in the future.
P5: **Explain** how the condition would be treated.		
P6: **Describe three** barriers to accessing monitoring and/or treatment for the condition.	**M3**: **Assess** how the barriers to accessing monitoring and/or treatment for the condition (from P6) can cause inequality.	**D3**: **Recommend** how the barriers to accessing monitoring and/or treatment for the condition (from M3) can be overcome.
P7: **Describe** the daily impacts of the condition on the individual from the chosen person profile.	**M4**: **Summarise** how the daily and long term impacts could affect the quality of life of the individual from the chosen person profile.	**D4: Assess** the impacts the condition could have on the family and/or friends of the individual from the chosen person profile.
P8: **Explain** the long term impacts of the condition on the individual from the chosen person profile.		
P9: Summarise the available local primary and	**M5: Summarise** the available local third sector	**D5: Assess** the effectiveness of the local

 © Cambridge OCR 2025

secondary service provision that can support individuals with the condition.	organisations that support individuals with the condition.	provision in meeting the needs of individuals with the condition.
P10: Summarise the available local private service provision that can support individuals with the condition.		
P11: Describe the roles of **three** practitioners in the local services (from P9 and/or P10).	**M6: Explain** how the practitioners (from P11) can support individuals with the condition.	
P12: Summarise two recommendations from the specified section of the NICE guidelines about the condition.	**M7**: **Explain** how the local service provision meets the NICE recommendations from P12.	

Assessment guidance

This assessment guidance gives you information relating to the assessment criteria. There might not be additional assessment guidance for each assessment criterion. It is included only where it is needed.

Assessment Criteria	**Assessment guidance**
Task 1 General	• Students must use the same condition for the whole of this assignment. • The research element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P1	• The body system chosen must be directly linked to the condition.
P3	• Students must describe the main signs and symptoms linked to the condition, both immediate and over time.
M1	• Students can consider how **one** body system is affected through the different life stages, if appropriate or through the months/years that an individual has the condition. This must be the body system used in P1.
D1	• The number of other body systems affected will depend on the condition itself, but students need to include the key effects on other body systems holistically in order to achieve this criterion. The effects on other body systems can be direct or indirect, e.g. the condition doesn't directly damage the musculoskeletal system but does make you more sedentary, which then affects the musculoskeletal system.
Task 2 General	• The research element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P4, P5, M2	• The number of monitoring and treatment methods will depend on the condition itself but students must include the key methods most commonly used for the condition. • For P4, if a condition has no specific monitoring method(s) then students must explain why the condition is not monitored. Where this is the case, evidence for M2 can focus on analysis treatment methods only. • For M2, analysis of monitoring and/or treatment methods must consider the pros and cons of the methods covered in P4 and P5.

 © Cambridge OCR 2025

D2	• Students must explore current research for the condition in the set assignment, giving an overview of how the research could impact the understanding and treatment of the condition in the future. Scientific detail is not needed.
P6	• Students must choose **three** barriers from Topic Area 2.3. P6, M3 and D3 are linked; students need to be mindful of this when selecting barriers for P6 and aim to select barriers that will help them to access M3 and D3.
D3	• To achieve this criterion, students must cover all **three** barriers from P6 and must include how the recommendations will help to overcome each barrier.
Task 3 General	• The research element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P7, P8, M4 and D4	• Students must use the information given in the person profile as a basis to create their case study. For example for P7, their case study needs to illustrate the likely impacts of the condition on the individual's daily life, using what is known about them from their person profile. Students use their research and can make assumptions about the individual based on what they know from the person profile to build up a picture of how the condition will affect them in aspects such as their work, hobbies, family life etc...
M4	• Students must summarise how the likely daily and long term impacts could affect the individual's quality of life. This could be approached through the different life stages or a period of time within one life stage.
Task 4 General	• Where 'local' is referred to, this can refer to the student's town or city but could be expanded to consider the county or region if relevant information can only be found at that level. • Students must be given enough time to complete research on the service provision and practitioners in their local area, in order to gather relevant data to support their work to meet these criteria. • The research element of the task does not need to be completed under teacher supervised conditions.
P11	• Students must describe the roles of any **three** practitioners from the services identified in P9 and/or P10 that individuals with the condition could access. They must describe what each practitioner does and identify service(s) they work in.
P12	• Students must research and summarise **two** recommendations from the specified section of the NICE guidelines on their chosen condition.
M7	• Students must cover **both** of the recommendations from P12 to achieve this criterion.
D5	• Students will need to assess how effective the local provision is in supporting individuals with the condition. If it is effective, they will need to explain why it is effective. If there are areas that are ineffective, then they need to explain why they are ineffective.

 © Cambridge OCR 2025

Synoptic assessment

Some of the knowledge, understanding and skills needed to complete this unit will draw on the learning in Unit F090 and F091.

These tables detail the synoptic links.

Unit F094: Supporting people with long term physiological conditions		Unit F090: Principles of health and social care	
Topic Area		Topic Area	
2	Monitoring and treatment	1	Equality, diversity, and rights in health and social care settings
3	Impact of long term conditions	1	Equality, diversity, and rights in health and social care settings

Unit F094: Supporting people with long term physiological conditions		Unit F091: Anatomy and physiology for health and social care	
Topic Area		Topic Area	
1	Long term physiological conditions	1	Cardiovascular system
		2	Respiratory system
		3	Digestive system
		4	Musculoskeletal system
		5	Control and regulatory systems
		6	Reproductive system

More information about synoptic assessment in these qualifications can be found in Section 6.2 Synoptic assessment.

 © Cambridge OCR 2025

5.3.4 Unit F095: Investigating public health

Unit Aim

Public health is generally an area for exploration and analysis, but it's also a chance for action. Public health is tackling the health and wellbeing of an entire population. It aims to prevent crises from happening, where possible, and prepares society for obstacles that are inevitable. Therefore, we need to appreciate the whole population.

In this unit you will learn about current public health challenges and reasons why a healthy society is vital. You will then research a public health challenge and propose an approach to improve health and protect the public. You will consider your approach, how it will be resourced, implemented and monitored to improve the targeted area of public health.

Unit F095: Investigating public health	
Topic Area 1: Understanding public health	
Teaching content	**Exemplification**
1.1 The aims of public health	
1.1.1 What public health is □ Definitions of public health	Examples of **definitions of public health** may include those from: □ Public Health England □ Department for Health and Social Care: • UKHSA • Office for Health Improvement and Disparities □ The NHS □ Royal College of Nursing □ Centers for Disease Control and Prevention (CDC) □ World Federation of Public Health Associations
1.1.2 The aims of public health □ Protection □ Prevention □ Promotion	Examples of **aims of public health** may include: □ **Protection**: control of communicable diseases, protect society from environmental threats □ **Prevention**: reduce the causes of ill health, understand the health conditions of a population □ **Promotion**: promote healthy behaviours, improve mental and physical health, prolong life
1.2 The benefits of public health on society	
□ Public safety □ Improving health □ Addressing health inequalities □ Economic Prosperity	Examples **of the benefits of public health** may include: □ **Public safety**: protecting populations from health risks linked to outbreak of serious diseases or exposure to environmental hazards □ **Improving health**: individuals should be healthier and more independent if educated/encouraged/protected, healthier individuals should live longer □ **Addressing health inequalities**: reducing the differences in health outcomes between different groups and populations,

 © Cambridge OCR 2025

	such as those from different regions or socio-economic groups □ **Economic prosperity**: is positively associated with public health, as this impacts on labour, productivity, personal spending, and GDP, cost of care - a healthy population will decrease the expense on the NHS
1.3 Key themes in public health	
□ Addiction □ Ageing populations □ Child and maternal health □ Emergency Planning □ Environmental health and climate change □ Injuries and violence □ Lifestyle choices □ Mental health □ Physical diseases	To include: □ Overview of the key themes in public health and current challenges facing the population Examples of specific public health challenges (within the key themes) may include: □ **Addiction**: legal/illegal substances, prescribed medications, gambling □ **Ageing population**: social connectedness, physical health, age related illnesses □ **Child and maternal health**: breastfeeding, early years health, dental health, immunisations □ **Emergency planning**: human infectious disease control, incidents involving mass casualties, extreme weather events □ **Environmental health and climate change**: air quality, climate stability, water quality/supply, food hygiene □ **Injuries and violence**: road traffic collisions, waters safety and drownings, public disorder, domestic violence □ **Lifestyle choices:** physical activity/exercise, diet, alcohol □ **Mental health**: mental health conditions across all life stages, loneliness, suicide □ **Physical diseases**: prevention/screening for disease, cardiovascular disease, asthma, sexually transmitted diseases Some examples listed could fit into more than one of the themes
1.4 Factors influencing public health	
□ Access to and availability of health services □ Advertising/media □ Cost/income □ Culture □ Disability □ Support available □ Lifestyle choices □ Location □ Peer pressure □ Socio-economic	To include: □ Factors can have a positive influence or be a barrier to public health Examples of **factors influencing public health** may include: □ **Access to and availability of health services**: location, open times, local resources □ **Health services**: counselling, GP, clinics, pharmacy, wellbeing groups, hospital

 © Cambridge OCR 2025

□ Underlying health (of individuals)	□ **Advertising/media**: promoting unhealthy products on TV and social media □ **Cost/income**: expense of gym membership, healthy foods, treatment/holistic therapies □ **Culture**: language barrier, ethnocentrism, conflicting values, stereotyping and psychological barriers □ **Disability**: both physical and mental □ **Support available**: friends and family, role models, health professionals □ **Lifestyle choices**: alcohol, balanced diet, exercise, unprotected sex, personal hygiene, using sun protection, smoking and self-help □ **Location:** north or south; rural or inner-city; housing estate or suburb □ **Peer pressure**: at school, work, home, community □ **Socio-economic**: disposable income, employment, debts, literacy, qualifications, culture □ **Underlying health** (physical and mental): illness, stress, anxiety, and genetics
Topic Area 2: Responding to public health challenges	
Teaching content	**Exemplification**
2.1 Current strategies to improve public health	
□ Current strategies • Environmental protection • Government initiatives • Health promotion • Health screening • Immunisation and vaccination • National campaigns □ How current strategies relate to the aims in Topic Area 1.1.2 • Protection • Promotion • Prevention	Examples of **current strategies** may include: □ **Environmental protection**: clean air, waste disposal, stable climate, adequate water, food preparation and sale, sanitation and hygiene, safe use of chemicals, protection from radiation □ **Government initiatives**: The Cold Weather Plan, Health Matters: getting every adult active every day □ **Health promotion**: Dry January, Time to Talk Day, No Smoking Day □ **Health screening**: cancer screenings, sexual transmitted infection screenings, pregnancy screenings, diabetic screening, screening for different life stages □ **Immunisation and vaccination**: any vaccinations recommended at each life stage, travelling abroad as well as established programmes such as for Flu and MMR □ **National campaigns**: physical activity (for example, This Girl Can), lifestyle (for example, Change4Life), smoking (for example, Smokefree), raising awareness for certain diseases (like diabetes), mental health awareness, alcohol (for example, Drink Aware)

 © Cambridge OCR 2025

2.2 Approaches to addressing public health challenges	
□ Behaviour change models □ How behaviour change models can be used when addressing public health challenges	Examples of **behaviour change models** may include: □ **Health belief model**: avoiding illness by a specific health action such as health screening □ **Theory of planned behaviour:** (theory of reasoned action) predicting an individual's intention to engage at a specific time /place such as explaining behaviours associated with smoking, drinking, breastfeeding □ **Diffusion of innovation theory**: adopting a new idea or behaviour over time, for example, healthy eating □ **Social cognitive model:** (social learning theory) such as building healthy behaviours and relationships □ **Transtheoretical model:** (stages of change) decision making of the individual such as deciding to quit smoking □ **Social norms theory**: understanding environmental and influential influences to change behaviour such as driving under the influence and tobacco use
□ Approaches to influencing behaviour change • Medical/preventative • Social change • Educational • Fear	To include: □ **Approaches to influencing behaviour change**: • Different approaches that can be used to influence behaviour change when addressing public health challenges • Why different approaches are appropriate for different challenges. For example, when and why making people fearful of the consequences of not changing behaviour might be appropriate
□ Approaches to communicating about public health • Two-way communication • Social marketing approach • Community centred approach	Examples of approaches to **communicating about public health** may include: □ **Two-way communication**: for example, a voluntary organisation promoting a health message in school such as anti-drugs □ **Social marketing approach**: inspiring social change by advertising a behaviour or lifestyle change (influence, plan and effect social change) such as quitting smoking, healthy diet and exercise, safe driving, mental health awareness, breastfeeding □ **Community centred approach**: consulting with the public about contributing to the health and wellbeing of the community to increase the quality of life in the local area

 © Cambridge OCR 2025

2.3 Public health organisations and their roles	
□ Local □ National □ International	Examples of public health organisations may include: □ **Local:** • Local authorities • Local health services • Local charities □ **National:** • National Health Service (NHS) • Government Health Agencies: o UK Health Security Agency (UKHSA) o Office for Health Improvement and Disparities (OHID) o National Institute for Health and Clinical Excellence (NICE), o Public Health Agency (PHA), • Third sector (national charities) o Royal Society for Public Health (RSPH) o UK Public Health Association (UKPHA) □ **International:** • World Health Organisation (WHO) • Centers for Disease Control and Prevention (CDC)
2.4 Settings and practitioners involved in public health	
□ Public health settings • Employment settings • Education • Health • Social □ Practitioners that work in public health settings	Examples of **settings and practitioners involved in public health** may include: □ **Employment settings**: any place of work where more than one person works in the organisation Practitioners: occupational health □ **Education**: any academic setting Practitioners: teachers, school nurses, counsellors □ **Health**: any healthcare setting Practitioners: GPs, dental nurses, nurses, health visitors □ **Social**: any social care setting Practitioners: social workers, care home managers, probation officers, youth workers
Topic Area 3: Proposing how to address a public health challenge	
Teaching content	**Exemplification**
3.1 Design principles for public health proposals	
□ Establishing the public health challenge to be addressed □ Gathering information/statistics to justify the need for action □ Designing an outline proposal to address a public health challenge • Aims and objectives • Who the target audience is	Examples of **design principles** may include: □ **Establishing the public health challenge to be addressed**: referring to Topic Areas 1.1, 1.2 and 1.3 □ **Gathering information/statistics:** referring to Topic Area 3.2 □ **Aims and objectives**: • Aims - whether the proposal focuses on protection, prevention or promotion (Topic Area 1.1.2)

 © Cambridge OCR 2025

• Considering the potential impact and suitability of different approaches to addressing public health challenges
• Use of evidence to support the proposal
• How the proposal will be implemented
  ○ Communication methods and resources needed to engage the target audience
  ○ Timescales
  ○ Safety considerations
• Bias and ethical considerations
• Partnership – organisations and practitioners who may be involved
□ Monitoring performance
• How the performance of the approach proposed could be measured
• What does 'success' look like?
	• Objectives – more specific purpose for the proposal (for example, to reduce the number of cases of X)
	□ **Who the target audience is**: based on demographics (age, household incomes, occupation), lifestyle and behaviour patterns, health needs
	□ **Considering the potential impact and suitability of different approaches**: referring to Topic Area 2.2
	□ **Use of evidence to support the proposal may include**:
	• Presenting key findings
	• How the data/information gathered supports the proposal
	□ **Communication methods and resources**:
	• How to communicate the proposal, such as through magazines, radio, newspapers, TV, internet, social media, community discussions
	• How to ensure a wide target audience hears the message. For example, adapting language or using specialist methods to make sure more people access information
	• Ways to manage information displayed on all media types. For example, having measures in place to control advertising fast foods, when they can advertise, how often, information adverts can and cannot include
	□ **Timescales**: the suggested timings for potential changes in behaviour to happen/proposal to take effect
	□ **Safety considerations:** minimising risks, sensitivity to the audience, responsibility for protecting the rights of individuals
	□ **Considerations around bias** may include ensuring that sources of information/data, information/data presented and communication methods are appropriate and representative
	□ **Ethical considerations:** may include rights of individuals, confidentiality, fairness and equality, not doing harm (for example. could a fear approach cause harm? Screening may cause stress and worry but early diagnosis can provide successful treatments)
	□ **Partnership:** links to national campaigns/organisations that may be involved in the same area of public health, practitioners and settings involved

 © Cambridge OCR 2025

	□ **Monitoring performance:** could include statistical data, questionnaires, surveys, witness testimony
3.2 Research methods and sources	
□ Primary methods □ Secondary methods □ Types of data/information • Qualitative and quantitative data • Presenting data □ Research skills ○ Acknowledge sources ○ Consider appropriateness of sources of information and research methods	To include: □ How to avoid plagiarism Examples of **research methods** may include: □ **Primary methods**: surveys/questionnaires, observations, interviews, focus groups □ **Secondary methods:** books, journals, published statistics, websites, other documentary sources. This should link to local and national trends and patterns □ **Qualitative data**: observing how people act, listening to how they feel, responses to a questionnaire □ **Quantitative data**: counting people, behaviours or conditions, for example. Statistics could then be produced □ **Presenting data**: the use of tables, charts and graphs Examples of **appropriateness of sources of information and research methods** may include: □ Whether they are reliable, unbiased, accurate, ethical

Assessment criteria

The table below gives the assessment criteria for the tasks in the set assignment for this unit. The assessment criteria indicate what is required in these tasks.

This qualification has a compensatory approach. This means that the unit grade awarded is based on the **total** number of achieved criteria for the unit (see Section 6.4). Students do **not** have to achieve **all** criteria for a specific grade to achieve that unit grade (e.g. achieve all pass criteria to achieve a pass grade).

Section 7.4 provides full information on how to assess the NEA units and apply the assessment criteria. Students' work must show that all aspects of a criterion have been met in sufficient detail for it to be **successfully achieved** (see Section 7.4.1). If a student's work does not fully meet a criterion, you must not award that criterion.

The command words used in the assessment criteria are defined in Appendix A.

 © Cambridge OCR 2025

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td>P1: Describe three public health challenges that are relevant to your local area for your chosen key theme.</td><td>M1: Discuss the importance of your chosen key theme in public health at a national level.</td><td rowspan="4"></td></tr>
<tr><td>P2: Explain two public health benefits of addressing your chosen challenge.</td><td rowspan="3"></td></tr>
<tr><td>P3: Explain two key factors influencing the public health challenge you are addressing.</td></tr>
<tr><td>P4: Explain two potential barriers to people following public health advice about the challenge you are addressing.</td></tr>
<tr><td>P5: Justify the research methods you will use to investigate your public health challenge.</td><td>M2: Summarise two current public health strategies that are relevant to the public health challenge you have chosen.</td><td></td></tr>
<tr><td>P6: Collect qualitative data/information about your public health challenge.</td><td rowspan="2">M3: Present qualitative and quantitative data/ information gathered in suitable ways.</td><td rowspan="2">D1: Discuss what the data/information from M3 indicates about your public health challenge.</td></tr>
<tr><td>P7: Collect quantitative data about your public health challenge.</td></tr>
<tr><td>P8: Describe the aims and objectives of your outline proposal.</td><td>M4: Explain how your outline proposal will meet its intended aims.</td><td>D2: Explain how your outline proposal can complement other relevant, current strategies.</td></tr>
<tr><td rowspan="2">P9: Summarise how the findings of your research support your outline proposal.</td><td rowspan="2">M5: Explain how your outline proposal addresses potential barriers to improving public health.</td><td>D3: Explain how you have considered bias and ethical issues in your outline proposal.</td></tr>
<tr><td rowspan="4">D4: Explain how you would measure the performance of your outline proposal if it was implemented.</td></tr>
<tr><td>P10: Summarise the approach you propose to address the public health challenge.</td><td></td></tr>
<tr><td rowspan="2">P11: Describe how your outline proposal will be implemented.</td><td>M6: Explain how two public health organisations will be involved in your outline proposal.</td></tr>
<tr><td>M7: Explain how public health practitioners will be involved in your outline proposal.</td></tr>
<tr><td>P12: Deliver the presentation about your outline proposal.</td><td></td><td>D5: Recommend and justify improvements to your outline proposal.</td></tr>
</table>

 © Cambridge OCR 2025

Assessment guidance

This assessment guidance gives you information relating to the assessment criteria. There might not be additional assessment guidance for each assessment criterion. It is included only where it is needed.

Assessment Criteria	Assessment guidance
Task 1 General	• Where 'local' is referred to, this can refer to the student's town or city but could be expanded to consider the county or region if relevant information can only be found at that level. • The research element of the task does not need to be completed under teacher supervised conditions, but it is necessary in order for students to access the criteria.
P1	• Students must describe **three** public health challenges that are relevant to their local area, for the key theme they have chosen, related to Topic Area 1.3.
P2, P3 and P4	• Students must choose **one** of the public health challenges they have described in P1 and must use this challenge in their explanations for P2, P3 and P4.
M1	• Students must discuss the importance of their chosen key theme in public health, linked to Topic Area 1.2 in the specification.
Task 2 P5	• Students must justify why the research methods they will use are appropriate, for example, how the methods provide relevant and reliable information in relation to the public health challenge. • The research element of the task does not need to be completed under teacher supervised conditions, but it is necessary in order for students to access the criteria.
P6 and P7	• These criteria can be evidenced by questionnaires, interview notes or collecting data from other secondary sources.
M2	• For M2, strategies can be at a local or national level. Summaries must include why the strategies are relevant to the chosen challenge.
M3	• Data could be presented as graphs, charts or statistics. Suitable means that the data/information is presented in a way that is clear and easy to understand and summarises the key findings.
D1	• D1 requires students to interpret the data from M3 to discuss what it indicates about the public health challenge.
Task 3 General	• Evidence for most of the criteria for Task 3 will be in the form of the (written) presentation material/content itself. • P8-P11, M4-M7 and D2-D5 are achieved where there is presentation material/content demonstrating them; students must **not** be penalised if their delivery of the presentation (P12) does not meet a criterion but there is written evidence which does meet the requirements.
P8	• Students must include whether the overall aim is one of protection, prevention or promotion (Topic Area 1.1.2) and more specific details about what the outline proposal seeks to achieve and who it is aimed at.
P9	• Students need to use the work they have done in Task 2 to produce a summary of how evidence gathered supports the outline proposal.
P10	• Students must describe the approach they propose, with reference to Topic Area 2.2.
P11	• Students must consider how the proposed approach will be implemented with reference to communication methods and resources, timescales and safety considerations from Topic Area 3.1.

 © Cambridge OCR 2025

M4	• For M4 students need to explain how the approach (P10) will enable the aims and objectives (P8) to be met. • Students could reference how research findings (P9) have influenced the design to ensure it will meet the aims and objectives where relevant. • The explanation for M4 may link to M5.
M5	• For M5 students must explain how the outline proposal addresses potential barriers to the public health improvement(s) it is trying to achieve. • This could be part of the explanation as to how the outline proposal will meet its aims and objectives (M4).
M6	• M6 can be about any two, relevant public health organisations appropriate to the approach being proposed – they can be any combination of local, national and/or international.
M7	• Students must describe the roles of at least two different practitioners. These can be roles in the organisations covered in M6 but they do not have to be.
D2	• Students must explain how their proposed approach can complement other relevant strategies. This can include those chosen in M2 from Task 2.
D3	• Students need to consider bias and ethical issues (linked to Topic Area 3.1) and explain how these have been taken into account in their proposed approach.
D4	• Students need to explain ways in which the effectiveness of the proposed approach could be judged and how these could be measured.
P12	• Students could deliver the presentation to the teacher, peers or a combination of both. If the presentation is delivered to peers only, this must be video recorded, so that the teacher can use the recording to complete the Teacher Observation Record for P12. The recording does not need to be submitted to us. • Teachers must complete a 'Teacher Observation Record' for each student to evidence they have met the criterion. Students must also read and sign it. • This criterion is achieved if the student has delivered all the content of their presentation. • Students can choose to collect feedback from the teacher/peers if they want to use it in D5.
D5	• Students need to reflect on all of the tasks completed to consider the improvements that they would make to their outline proposal as a whole. • Feedback from P12 can be used in the student's evidence for this criterion, but the focus must be on improvements to the outline proposal itself, rather than on presentation skills.

 © Cambridge OCR 2025

Synoptic assessment

Some of the knowledge, understanding and skills needed to complete this unit will draw on the learning in Unit F090.

This table details the synoptic links.

Unit F095: Investigating public health		Unit F090: Principles of health and social care	
Topic Area		Topic Area	
1	Understanding public health	1	Equality, diversity, and rights in health and social care settings
		2	Managing hazards, health and safety in health and social care settings
3	Proposing how to address a public health challenge	4	Best practice in health and social care settings

More information about synoptic assessment in these qualifications can be found in Section 6.2 Synoptic assessment.

 © Cambridge OCR 2025

5.3.5 Unit F096: Supporting people in relation to sexual health, pregnancy and postnatal health

Unit Aim

Sexual health, including pregnancy and childbirth, is as crucial as any other aspect of health and yet many feel uncomfortable talking about it, despite it affecting most of us at some point in our lives. Being prepared for sex, pregnancy, and childbirth with accurate and up-to-date knowledge can promote a sense of wellbeing that influences all other aspects of health by reducing the risk of unwanted consequences or a sense of trauma.

In this unit you will learn about and research the most important aspects of sexual health including relationships, the law, consent, sexual health, sexually transmitted infections, contraception, pre-conceptual care, birth, and the immediate care of the baby, and how to obtain support for these. You will also learn to produce advice and guidance that is personalised for specific individuals with issues related to sexual health and pregnancy, birth and postnatal health. You will develop skills needed to deliver advice and guidance in a sensitive and professional way and review the process of doing this.

Unit F096: Supporting people in relation to sexual health, pregnancy and postnatal health	
Topic Area 1: Advice and guidance on sexual health issues	
Teaching content	**Exemplification**
1.1 Understanding sexual relationships	
□ The role of sex in healthy relationships • Consent in healthy and unhealthy relationships • How this is communicated □ Sexual consent • Statutory definition of consent • Legal age of consent □ Sexual offences act	To include: □ Know the main purpose(s) of the Act/regulation Does not include: □ Knowing the detailed content of the Act/regulation
1.2 Safe sex and contraception	
□ Safe sex • What is meant by safe sex • The importance of safe sex • Choosing an appropriate method of safe sex • Where to obtain the method • Respecting choices □ Contraception: • What is meant by contraception • Choosing an appropriate method of contraception • Where to obtain the method • Respecting choices □ Pregnancy testing □ Possible effects of safe sex and contraception on the individual and their relationships: • Physically • Intellectually • Emotionally • Socially	To include: □ How each method of safe sex and contraception works □ The advantages and disadvantages of each method of safe sex and contraception Examples of methods of **safe sex** may include: □ Regular testing □ Barrier methods and how to use them – condoms, dams □ Medical methods – Pre-Exposure Prophylaxis (PrEP) if high risk of Human Immunodeficiency Virus (HIV) Examples of methods of **contraception** may include: □ Barrier methods: condoms - male or female □ Oral hormones: progestogen only pill, combined pill □ Long Acting Reversable Contraception: • Implant

 © Cambridge OCR 2025

	• Injection • Intrauterine Device • Intrauterine System □ Sterilisation – male or female □ Emergency contraception
1.3 Sexually Transmitted Infections (STIs)	
□ Types of sexually transmitted infections (STIs) • Bacterial • Viral • Parasitic □ How STIs are transmitted □ Symptoms or percentage without symptoms □ Treatment – control or cure □ Long term effects without treatment □ Prevention/risk reduction □ Possible effects of STIs on the individual and their relationships: • Physically • Intellectually • Emotionally • Socially	Examples of **types of sexually transmitted infections** may include: □ Bacterial: • Chlamydia • Gonorrhoea • Syphilis □ Viral: • Herpes • HIV • Genital warts □ Parasitic • Trichomoniasis Examples of **prevention/risk reduction** may include: □ Choosing contraception □ Safe/unsafe behaviour
1.4 Sexual health issues	
□ Common types □ Causes (if appropriate) □ Signs and symptoms □ Screening and prevention □ Treatment and control □ Possible effects of women's and men's sexual health issues on the individual and their relationships • Physically • Intellectually • Emotionally • Socially	Examples of **sexual health issues** may include: □ Menopause □ Cancer: cervix, uterus, ovarian, testes, prostate □ Endometriosis □ Candidiasis (thrush) □ Erectile dysfunction Examples of **screening and prevention** may include: □ Cervical smears □ Self-check (breast, testicles)
1.5 Other sources of support for sexual health issues	
□ Statutory sector support: • Health • Social Care • Education □ Voluntary sector support • Relationship support • Contraception and STIs support • Women's and men's sexual health support □ Informal sector support □ Private sector support	Examples of **statutory sector suppor**t may include: □ **Health**: • Genitourinary Medicine (GUM) Clinics • Practitioners (General practitioner (GP), Nurse, Consultant, Gynaecologist, Urologist) • Midwife □ **Social Care**: • Health promotion • Funds local charities • Practitioners (counsellors, therapists) □ **Education:** • School nurse

 © Cambridge OCR 2025

	• Personal, Social, Health and Economic Education (PSHE) • Pastoral team Examples of **voluntary sector support** may include: □ Family Planning Association □ British Pregnancy Advisory Service □ Brook (under 25s) □ Terrence Higgins Trust □ Marie Stopes □ Refuge □ Relate Examples of **Informal sector support** may include: □ Family □ Friends Examples of **private sector support** may include: □ Counselling □ Health care
Topic Area 2: Advice and guidance on pregnancy, birth and post-natal issues	
Teaching content	**Exemplification**
2.1 Planning for conception	
□ Conception: • Menstrual cycle: signs of ovulation • Sperm production and maturation □ Pre-conceptual screening • Purpose • Types of pre-conceptual screening □ Factors which can lead to 'high risk' pregnancies □ How to address fertility issues • Improving the quality of sperm in males • Improving the health of females • Medical techniques □ Possible effects of planning for conception on the individual and their relationships: • Physically • Intellectually • Emotionally • Socially	To include: □ The link between the menstrual cycle/sperm production and conception □ The advantages and disadvantages of pre-conceptual screening Examples of types of **pre-conceptual screening** may include: □ Health and lifestyle □ Physical examinations □ Genetic screening tests □ Blood tests □ Fertility tests Examples of factors which can lead to '**high risk' pregnancies** may include: □ Age 17 or under/ 35 or over, □ Being under/overweight before becoming pregnant □ Twins, triplets or other multiples □ High blood pressure, diabetes, depression or another health problem □ Problems with previous pregnancy Examples of how to **improve quality of sperm in males** may include: □ Diet – balanced □ Alcohol – safe limit

 © Cambridge OCR 2025

	□ Smoking – none □ Drugs – prescription or advised only □ X-rays – avoid Examples of how to **improve the health of females** may include: □ Diet (many restrictions) □ Avoid smoking, alcohol, drugs □ Vit B12, folic acid □ Weight □ Exercise Examples of **medical techniques** may include: □ In vitro fertilisation (IVF) □ Medication
2.2 Healthy pregnancy	
□ Healthy lifestyle choices during pregnancy □ Screening tests in pregnancy • Types of screening tests available • Conditions that can be detected through screening • Risks of different types of screening □ What the risks are in 'high risk' pregnancies • Risks to the mother • Risks to the foetus/baby □ Antenatal support during pregnancy □ Possible effects of a healthy pregnancy on the individual and their relationships: • Physically • Intellectually • Emotionally • Socially	Examples of **healthy lifestyle choices during pregnancy** may include: □ Diet – healthy, balanced, avoid certain foods, vitamin supplements □ Avoiding alcohol/drugs/smoking □ Exercise □ Avoiding stress Examples of **screening tests in pregnancy** may include: □ Blood tests • Can show if you have a higher chance of inherited conditions such as sickle cell anaemia, or infections such as HIV, hepatitis B or syphilis □ Ultrasounds • Carried out at 18-21 weeks to check the structure and organs or the baby • Carried out to detect conditions such as spina bifida □ Diagnostic tests • Can detect genetic conditions such as Down's syndrome or Sickle Cell Anaemia • Can lead to higher risk of miscarriage Examples of **risks in 'high risk' pregnancies** may include: □ Developing conditions such as gestational diabetes, hypertension, eclampsia □ High/low birth weight □ Placenta previa □ Miscarriage or stillbirth □ Caesarean section

 © Cambridge OCR 2025

	Examples of **antenatal support during pregnancy** may include**:** □ Appointments during pregnancy □ Practitioners involved □ How information is recorded □ Where these appointments can take place
2.3 Understanding pregnancy and birth	
□ The **birth** process • The **stages** of birth • Pain relief choices • Methods of delivery • Premature birth • Birth difficulties and complications • Miscarriage and stillbirth □ Gestation • Trimesters □ Possible effects of pregnancy and birth on the individual and their relationships: • Physically • Intellectually • Emotionally • Socially	To Include: □ The advantages and disadvantages of pain relief choices Examples of **methods of delivery** may include: □ Vaginal □ Instrumental delivery □ Caesarean section Examples of **birth difficulties and complications** may include: □ High blood pressure □ Umbilical cord □ Position of baby □ Lack of progress
2.4 Postnatal considerations	
□ Feeding the baby • Breastfeeding • Formula feeding □ Recovering from birth • Post-natal depression • Body changes and recovery • Relationship/sexual intercourse advice • Diet • Exercise and activity □ Possible effects of postnatal considerations on the individual and their relationships: • Physically • Intellectually • Emotionally • Socially	To include: **Breastfeeding** □ Advantages and disadvantages □ Nutrition for the mother □ Breast feeding support • Techniques **Formula feeding** □ Advantages and disadvantages □ How to make up a bottle □ Routines Examples of **exercises** may include: □ Pelvic floor exercises Does not include: □ Feeding the baby beyond the first month
2.5 Other sources of support	
□ Statutory sector support: • Planning for conception • Pregnancy and birth • Post-natal care □ Voluntary sector support • Planning for conception • Pregnancy and birth • Post-natal care □ Informal sector support □ Private sector support	Examples of **statutory sector support** may include: □ **Planning for conception and pregnancy and birth** • National Health Service (NHS) antenatal classes • GP • Midwife • Obstetrician □ **Post-natal care**

 © Cambridge OCR 2025

	• Health visitor • GP • Midwife • Lactation consultant • Obstetrician • Paediatrician Examples of **voluntary sector support** may include: □ **Planning for conception and pregnancy and birth** • National Childbirth Trust (NCT) □ **Post-natal care** • Breast feeding network • NCT • Local baby groups Examples of **informal sector support** may include: □ Partner □ Family □ Friends Examples of **private sector support** may include: □ Doula □ Private midwife □ Private birthing centres □ Antenatal or postnatal yoga/ exercise classes
Topic Area 3: Plan, deliver and review an advice and guidance session	
Teaching content	**Exemplification**
3.1 Planning the session	
□ Establishing the aims and objectives of the session • Understanding the needs of the individual • Prioritising areas to provide advice and guidance on □ Research the subject content for the advice and guidance session • Finding reliable sources • Using the internet as an effective research tool • Using accurate, relevant and up-to-date information □ Structure of the advice and guidance session • Introduction • Communicating aims and objectives • Content of session • Opportunity for questions □ Awareness of the audience and their feelings	To include: □ The importance of: • Clear and appropriate aims and objectives • Accurate, relevant and up-to-date subject content • Structuring the advice and guidance session • Awareness of the audience and their feelings (linked to the relevant 6Cs in Unit F090, Topic Area 4.2)

 © Cambridge OCR 2025

• Sensitivity of the subject matter • Accessibility and suitability for the individual • Awareness of avoiding/explaining jargon	
3.2 Delivering the session	
□ Effective delivery of information □ Use of appropriate communication skills • Pace • Suitability for audience • Tone and pitch • Body language • Eye contact • Facial expression □ Self-reflection □ Feedback • Methods for collecting feedback □ Using feedback and self-reflection for evaluation • Strengths/weaknesses • Comparison of feedback and self-reflection • Areas for improvement	Examples of **Self-reflection** could include: □ How you felt the session went □ How engaged the audience seemed Examples of **Feedback methods** could include: □ Questionnaire □ Survey □ Verbal or written comments

Assessment criteria

The table below gives the assessment criteria for the tasks in the set assignment for this unit. The assessment criteria indicate what is required in these tasks.

This qualification has a compensatory approach. This means that the unit grade awarded is based on the **total** number of achieved criteria for the unit (see Section 6.4). Students do **not** have to achieve **all** criteria for a specific grade to achieve that unit grade (e.g. achieve all pass criteria to achieve a pass grade).

Section 7.4 provides full information on how to assess the NEA units and apply the assessment criteria. Students' work must show that all aspects of a criterion have been met in sufficient detail for it to be **successfully achieved** (see Section 7.4.1). If a student's work does not fully meet a criterion, you must not award that criterion.

The command words used in the assessment criteria are defined in Appendix A.

Pass	Merit	Distinction
P1: **Summarise** the aims and objectives of the advice and guidance session for the individual.		
P2: **Justify** why **three** sources of information that you have used in your research are appropriate.		
P3: **Create** a plan for the content and delivery of your advice and guidance session.		

 © Cambridge OCR 2025

P4: **Produce** advice and guidance material to present on the key area the individual has asked about. **P5**: **Produce** advice and guidance material to present on other relevant sexual health issues for the individual.	**M1**: **Examine** how the issues are likely to affect the individual and their relationships with reference to PIES. **M2**: **Recommend three** sources of support available from at least **two** sectors for the individual.	**D1**: **Recommend** and **justify** the **two** most important actions the individual should now take.
	M3: **Explain** how you have considered the individual's feelings in: • your material • how you plan to deliver it to them.	**D2**: **Evaluate** how effectively your advice and guidance will support the individual.
P6: **Summarise** the aims and objectives of the advice and guidance session for the individual. **P7**: **Justify** why **three** sources of information that you have used in your research are appropriate. **P8**: **Create** a plan for the content and delivery of your advice and guidance session.		
P9: **Produce** advice and guidance material to present on the key area the individual has asked about. **P10**: **Produce** advice and guidance material to present on other relevant pregnancy, birth and post-natal issues for the individual.	**M4**: **Examine** how the issues are likely to affect the individual and their relationships with reference to PIES. **M5**: **Recommend three** sources of support available from at least **two** sectors for the individual.	**D3**: **Recommend** and **justify** the **two** most important actions the individual should now take.
	M6: **Explain** how you have considered the individual's feelings in: • your material • how you plan to deliver it to them.	**D4**: **Evaluate** how effectively your advice and guidance will support the individual.
P11: **Deliver** the advice and guidance session. **P12**: **Use** an appropriate method to collect feedback on the content and delivery of the advice and guidance session.	**M7**: **Use** appropriate communication skills when delivering the advice and guidance session.	**D5**: **Evaluate** the content and delivery of your advice and guidance session.

 © Cambridge OCR 2025

Assessment guidance

This assessment guidance gives you information relating to the assessment criteria. There might not be additional assessment guidance for each assessment criterion. It is included only where it is needed.

Assessment Criteria	Assessment guidance
Task 1 General	• Where criteria refer to 'the individual' this relates to the individual in the relevant case study. • The research element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P1	• Students must consider the needs of the individual based on the information provided to establish the aims and objectives for the session. This must include needs based on the key area for advice identified in the case study and other needs identified by the student based on the information given about the individual and their situation.
P2	• Students should research the sexual health issues relating to the needs identified in P1 using appropriate sources, relating to Topic Area 3.1. They must justify why **three** of the sources they have used are appropriate.
P3	• Students must create a plan for both the content and delivery of their advice and guidance session. This should be based on Topic Areas 3.1 and 3.2 and must include details of how the session would be delivered and the communication skills that would be needed to do this effectively.
P4, P5, M1, M2, D1	• The evidence for these criteria must be in the form of the material that will be presented during the advice and guidance session.
P4	• This criterion focuses on the advice provided about the key area identified in the case study. For example, in the SAM Case Study 1, this is contraceptive methods from Topic Area 1.2.
P5	• This criterion focuses on the advice provided about other sexual health issues from Topic Area 1 that would be beneficial to the individual. For example, in the SAM Case Study 1, this could include advice on safe sex from Topic Area 1.2 and STIs from Topic Area 1.3.
M1	• Students must consider the possible effects on the individual and their relationships in relation to **all four** areas of PIES. If students feel that the issues are not likely to impact on one (or more) of the areas of PIES, this is acceptable as long as they have explained their reasoning.
M2	• Sources of support must be from at least **two** of the sectors identified in Topic Area 1.5.
D1	• Students need to conclude their advice and guidance session by considering the best course of action for the individual. They must recommend the two most important actions the individual should take and justify their recommendations.
M3	• To achieve this criterion, students must address both bullets. This is linked to Topic Area 3.1.
D2	• Students should consider all of the evidence they have produced for Task 1 and evaluate how effective this material will be in addressing the individual's issues from the case study.

 © Cambridge OCR 2025

Task 2 General	• Where criteria refer to 'the individual' this relates to the individual in the relevant case study. • The research element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria.
P6	• Students must consider the needs of the individual based on the information provided to establish the aims and objectives for the session. This must include needs based on the key area for advice identified in the case study and other needs identified by the student based on the information given about the individual and their situation.
P7	• Students should research the pregnancy, birth and postnatal issues relating to the needs identified in P6 using appropriate sources. They must justify why **three** of the sources they have used are appropriate.
P8	• Students must create a plan for both the content and delivery of their advice and guidance session. This should be based on Topic Areas 3.1 and 3.2 and must include details of how the session would be delivered and the communication skills that would be needed to do this effectively.
P9, P10, M4, M5, D3	• The evidence for these criteria must be in the form of the material that will be presented during the advice and guidance session.
P9	• This criterion focuses on the advice provided about the key area identified in the case study. For example, in the SAM Case Study 2, this is about planning for conception from Topic Area 2.1.
P10	• This criterion focuses on the advice provided about other pregnancy, birth and post-natal issues from Topic Area 2 that would be beneficial to the individual. For example, in the SAM Case Study 2, this could include advice on healthy pregnancy from Topic Area 2.2.
M4	• Students must consider the possible effects on the individual and their relationships in relation to **all four** areas of PIES. If students feel that the issues are not likely to impact on one (or more) of the areas of PIES, this is acceptable as long as they have explained their reasoning.
M5	• Sources of support must be from at least **two** of the sectors identified in Topic Area 2.5.
D3	• Students need to conclude their advice and guidance session by considering the best course of action for the individual. They must recommend the two most important actions the individual should take and justify their recommendations.
M6	• To achieve this criterion, students must address both bullets. This is linked to Topic Area 3.1.
D4	• Students should consider all of the evidence they have produced for Task 2 and evaluate how effective this material will be in addressing the individual's issues from the case study.
Task 3 General	• Students can choose either of their advice and guidance sessions to deliver. This can be to the teacher, peers or a combination of both. If the advice and guidance session is delivered to peers only, this must be video recorded, so that the teacher can use the recording to complete the Teacher Observation Record for P11 and M7. The recording does not need to be submitted to us. Peer feedback is acceptable for P12 and D5. • The audience must give adequate feedback to enable the student to access P12 and D5.

 © Cambridge OCR 2025

P11 and M7	• Teachers must complete a 'Teacher Observation Record' for each student to evidence they have met these criteria. Students must also read and sign it. • P11 is achieved if the student delivers all the content of their chosen advice and guidance session. • M7 is linked to Topic Area 3.2.
P12	• Students must collect feedback from their audience about the content and delivery of their advice and guidance session.
D5	• Students should use self-reflection, and the feedback they have collected on their delivery, to evaluate both the content and delivery of the advice and guidance session.

Synoptic assessment

Some of the knowledge, understanding and skills needed to complete this unit will draw on the learning in Units F090 and F091.

These tables detail the synoptic links.

Unit F096: Supporting people in relation to sexual health, pregnancy and postnatal health		Unit F090: Principles of health and social care	
Topic Area		Topic Area	
1	Advice and guidance on sexual health issues	1	Equality, diversity, and rights in health and social care settings
		3	Legislation in health and social care settings
3	Plan, deliver and review an advice and guidance session	1	Equality, diversity, and rights in health and social care settings
		4	Best practice in health and social care settings

Unit F096: Supporting people in relation to sexual health, pregnancy and postnatal health		Unit F091: Anatomy and physiology for health and social care	
Topic Area		Topic Area	
1	Advice and guidance on sexual health issues	6	Reproductive system
2	Advice and guidance on pregnancy, birth and post-natal issues	6	Reproductive system

More information about synoptic assessment in these qualifications can be found in Section 6.2 Synoptic assessment.

 © Cambridge OCR 2025

5.3.6 Unit F097: Supporting healthy nutrition and lifestyles

Unit Aim

What we eat and our physical activity levels affect our health and wellbeing. As future practitioners it is important to understand the impact of nutrition and exercise on health and wellbeing. Rising levels of obesity are leading to increases in heart conditions, diabetes and liver disease. Many health and social care practitioners are involved in the provision of meals so it is important you understand and can explain how to promote healthy eating and ensure that everyone has access to healthy food that meets their needs.

In this unit you will learn about the healthy eating guidelines, physical activity guidelines, nutritional labelling and the sources of nutrients. You will learn how to use this information to plan healthy and balanced meals for service users with different nutritional needs. You will investigate some of the barriers facing service users to eat healthy meals and the support that individuals may require to eat healthy meals.

Unit F097: Supporting healthy nutrition and lifestyles	
Topic Area 1: Dietary and activity needs of individuals	
Teaching content	**Exemplification**
1.1 Dietary needs	
□ What is meant by a balanced diet □ Recommended dietary guidelines • Recommended Daily Intake (RDI) • Eatwell guide • 5 a day • Portion sizes □ How and why needs vary for different individuals and their circumstances □ Dietary components • Macro nutrients • Micronutrient • Fibre • Water □ Sources of dietary components in relation to food groups □ Function of dietary components	To include: □ **Recommended dietary guidelines** • Know that there is a range of guidance available and how it can be used □ **Dietary needs of different types of individuals** • Males/females • Children and young people (5-18 years old) • Adults and older adults (19 years old and over) • Children and young people with disabilities • Adults with disabilities • Pregnancy and after childbirth • Individuals recovering from illness or operation • Physical activity level □ **Dietary components** • **Macro nutrients** o Protein o Fats (saturated and unsaturated) o Carbohydrates (starch and sugars) • **Micronutrients** o Vitamins (A, B group - including folic acid, C, D, E & K) o Minerals (Calcium and phosphorus, iron, sodium, potassium, magnesium) • **Water** o The importance of hydration and fluid balance in our diets • **Fibre** □ **Sources of dietary components in relation to food groups** • Vegetables

 © Cambridge OCR 2025

	• Fruit • Meat • Fish • Dairy • Eggs • Meat alternatives • Seeds/nuts • Beans and pulses □ **Function of dietary components** • Role of good nutrition in maintaining health • Source of energy • Muscle and tissue repair • Supports cognitive function • Supports immune system
1.2 Physical activity guidelines and energy balance	
□ Government recommended daily physical activity guidelines for: • Males/females • Children and young people (5-18 years old) • Adults and older adults (19 years old and over) • Children and young people with disabilities • Adults with disabilities • Pregnancy and after childbirth • Individuals recovering from illness or operation □ How the FITT Principle applies to different types of individuals □ Energy Balance	To include: □ **Guidelines for physical activity levels** for different types of individuals □ **FITT Principle:** • Frequency • Intensity • Time • Type (cardiovascular, strength, balance, flexibility) □ **Energy Balance** • Calorie intake vs calorie output • Effects of age and health condition on calorie output Examples of **physical activity** may include: □ Swimming □ Exercise class □ Gym □ Walking □ Cycling □ Gardening □ Housework
Topic Area 2: Factors that influence dietary choices and physical activity levels	
Teaching content	**Exemplification**
2.1 Factors that influence dietary choices	
□ Lifestyle and personal circumstances □ Sociocultural factors □ Economic factors □ Personal preferences □ Other health factors	Examples of **lifestyle and personal circumstances** may include: □ Effects of alcohol □ Effects of smoking □ Cooking skills □ Access to cooking equipment □ Lack of time Examples of **sociocultural factors** may include: □ Religion and beliefs □ Social aspect of having a meal with others □ Influence from peers and family in food choice □ Education/knowledge □ The media

 © Cambridge OCR 2025

	Examples of **economic factors** may include: □ Cost of food/ingredients □ Cost of cooking method □ Income Examples of **personal preferences** may include: □ Vegetarianism □ Veganism □ Likes/dislikes □ Stress/mood Examples of **other health factors** may include: □ Food allergies and/or intolerances □ Reduced ability to chew/swallow
2.2 Digestive disorders	
□ Types of digestive disorder • Food intolerances • Inflammatory bowel diseases • Auto-immune diseases • Gastro-intestinal disorders □ Signs and symptoms □ Symptom management □ The impact of these conditions on an individual □ Sources of support • Formal • Informal • Voluntary	To include: □ The impact of these disorders on an individual using: • Physical • Intellectual • Emotional • Social Examples of **digestive disorders** may include: □ Gluten intolerance □ Lactose intolerance □ Crohn's disease □ Ulcerative colitis □ Irritable Bowel syndrome □ Coeliac disease □ Peptic ulcer Examples of **signs and symptoms** may include: □ Pain □ Bloating □ Diarrhoea □ Nausea □ Blood or mucus in stools Examples of **symptom management** may include: □ Avoiding certain foods □ Lifestyle changes Examples of the **impact of these conditions on an individual** may include: □ Pain □ Having to use the toilet often □ Feeling unable to leave the house Examples of **sources of support** may include: □ Formal: dietician, specialist nurses □ Informal: family and friends, neighbours □ Voluntary: Crohn's and Colitis UK, Catherine McEwan Foundation (IBS)

 © Cambridge OCR 2025

2.3 Factors that influence physical activity levels	
□ Lifestyle and personal circumstances □ Sociocultural factors □ Economic factors □ Personal preferences □ Other health factors	Examples of **lifestyle and personal circumstances** may include: □ Mobility □ Fitness levels □ Occupation – active/sedentary □ Accessibility of activities and exercise facilities □ Training for a sporting event □ Lack of time □ Tiredness Examples of **sociocultural factors and personal preferences** may include: □ Religion and beliefs □ Socialisation □ Enjoyment of activity/own interests □ Wanting to be fit and healthy □ Trends (advertising/media) Examples of **economic factors** may include: □ Affordability of activities □ Income Examples of **other health factors** may include: □ Heart disease □ Arthritis
2.4 Understanding factors relating to diet and physical activity levels	
□ Benefits of a healthy diet □ Possible reasons for a poor diet □ Consequences of a poor diet □ Benefits of regular physical activity □ Possible reasons for poor levels of physical activity □ Consequences of poor levels of physical activity □ Benefits and consequences on: • Physical health • Mental and social health □ Benefits to: • Individual • Society	Examples of **benefits of a healthy diet** may include: □ Good nutrition □ Variety of ingredients □ Better immune system □ Gut health □ Less obesity □ Reduction in illness and disease, particularly heart disease Examples of **possible reasons for a poor diet** may include: □ Limited access to shops □ Lack of knowledge of nutrition and/or ability to cook □ Poor physical health that makes shopping and cooking more difficult □ Poor mental health or stress □ Lack of time/busy lifestyle/convenience □ Enjoyment of high salt/fat/sugar foods and alcohol Examples of **consequences of a poor diet** may include: □ Weight gain/obesity □ Coronary heart disease □ Lack of fibre causing bowel problems □ Deficiency of some vitamins and minerals

 © Cambridge OCR 2025

	Examples of **benefits of regular physical activity** may include**:** □ Control weight □ Improved cardiovascular and respiratory systems □ Muscle strength □ Better mobility □ Improved mental health Examples of **possible reasons for poor levels of physical activity** may include**:** □ Lack of motivation □ Lack of time □ Poor mobility □ Pain when exercising □ Lack of easy access to appropriate facilities □ Cost of activities Examples of **consequences of poor levels of physical activity** may include**:** □ Reduced mobility and muscle strength □ Weight gain □ Increased risk of coronary heart disease and respiratory disease Examples of **benefits of healthy diet and regular physical activity** may include: □ For the individual: • Improved physical health • Improved mental health • Improved self-esteem and self-image • Maintain the ability to live independently for longer • Encourage fun with family and friends □ For society: • Reduced cost to NHS and social care
Topic Area 3: Supporting individuals to plan meals that meet their needs	
Teaching content	**Exemplification**
3.1 Meal planning	
□ Aims of meal planning □ How to create meal plans □ Target audience • Age • Special dietary requirements • Portion size • Budget • Lifestyle □ Sustainability of meal plan	To include: □ Why it is important to support individuals with meal planning □ Who the meal plan is for □ Budget for meal plan/budget per serving □ How many days the meal plan is for □ How to create a meal plan □ How to balance calorie input to activity levels (calorie output) □ **Sustainability of meal plan**: • How individuals can be supported to continue to meal plan: o Motivation to continue planning o Batch cooking o Meal storage/use of freezer o Reducing waste

 © Cambridge OCR 2025

3.2 Food labelling	
□ The information included on food labels □ How to interpret and use the information on the label □ The criteria for traffic light labelling on packaging – low (green), medium (amber) and high (red) colour coding □ Comparing prices/ingredients of meals/products per serving	To include: □ Reasons why foods are labelled Examples of **information included on food labels** may include: □ Place of origin □ Ingredients (in order of quantity) □ Allergy information □ Quantity □ Use by date □ Storage/cooking instructions □ Nutritional information per 100g or 100ml: Energy (kcal/kJ), fat, saturated fat, carbohydrate, sugar, protein and salt
3.3 Supporting social interaction at mealtimes	
□ Sources of support to meet needs for social interaction at mealtimes □ Access to social venues for lunch/tea and chat □ Benefits of social interaction for the individual at mealtimes	Examples of **supporting social interaction at mealtimes** may include: □ Lunch clubs • Charity-run clubs (Salvation Army, Age UK) • Day centres • Tea and chat □ Access to social venues for lunch/tea and chat • Booking • Need for transport • Cost □ Benefits of social interaction for the individual at mealtimes • Physical • Intellectual • Emotional • Social

Assessment criteria

The table below gives the assessment criteria for the tasks in the set assignment for this unit. The assessment criteria indicate what is required in these tasks.

This qualification has a compensatory approach. This means that the unit grade awarded is based on the **total** number of achieved criteria for the unit (see Section 6.4). Students do **not** have to achieve **all** criteria for a specific grade to achieve that unit grade (e.g. achieve all pass criteria to achieve a pass grade).

Section 7.4 provides full information on how to assess the NEA units and apply the assessment criteria. Students' work must show that all aspects of a criterion have been met in sufficient detail for it to be **successfully achieved** (see Section 7.4.1). If a student's work does not fully meet a criterion, you must not award that criterion.

The command words used in the assessment criteria are defined in Appendix A.

 © Cambridge OCR 2025

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td>P1: Describe how the recommended dietary guidelines apply to your chosen individual.</td><td>M1: Assess your chosen individual’s diet over the seven-day period in relation to the recommended guidelines.</td><td rowspan="2">D1: Examine the impact of your chosen individual’s dietary choices and physical activity levels on their health and wellbeing.</td></tr>
<tr><td>P2: Describe how the recommended physical activity guidelines apply to your chosen individual.</td><td>M2: Assess your chosen individual’s physical activity levels over the seven-day period in relation to the recommended guidelines.</td></tr>
<tr><td>P3: Describe the factors that influence your chosen individual’s dietary choices.</td><td>M3: Make recommendations for your chosen individual about their diet.</td><td>D2: Justify why your recommendations about diet are appropriate for your chosen individual.</td></tr>
<tr><td>P4: Describe the factors that influence your chosen individual’s physical activity levels.</td><td>M4: Make recommendations for your chosen individual about their physical activity levels.</td><td>D3: Justify why your recommendations about physical activity levels are appropriate for your chosen individual.</td></tr>
<tr><td>P5: Use research to produce information about the service user’s digestive disorder.</td><td rowspan="2">M5: Explain the impact of the digestive disorder on the service user’s health and wellbeing.</td><td rowspan="2"></td></tr>
<tr><td>P6: Use research to produce information about the sources of support for the service user’s digestive disorder.</td></tr>
<tr><td>P7: Create a meal plan that provides a varied, balanced diet and meets the recommended dietary guidelines and the needs of the service user.</td><td>M6: Explain how the meal plan provides a varied, balanced diet and meets the recommended dietary guidelines for the service user.</td><td rowspan="5">D4: Discuss how the service user could be supported to continue meal planning.</td></tr>
<tr><td>P8: Describe how your meal plan meets the dietary needs of the service user’s digestive disorder.</td><td rowspan="2">M7: Explain how the meal plan meets the needs of the service user’s personal circumstances and preferences.</td></tr>
<tr><td>P9: Show how the meal plan meets the budget requirements.</td></tr>
<tr><td>P10: Use the information on the food labels of the specified ready meals to explain which is the healthiest.</td><td></td></tr>
<tr><td>P11: Summarise how the information on food labels can be used by the service user.</td><td></td></tr>
<tr><td>P12: Research options for social interactions at mealtimes in your local area that would be suitable for the service user.</td><td></td><td>D5: Justify the best option for social interactions at mealtimes available for the service user and how it meets their needs.</td></tr>
</table>

 © Cambridge OCR 2025

Assessment guidance

This assessment guidance gives you information relating to the assessment criteria. There might not be additional assessment guidance for each assessment criterion. It is included only where it is needed.

Assessment Criteria	Assessment guidance
Task 1 General	• The individual chosen for Task 1 must be 12 years of age or older. • Students must choose an individual to complete the diary. This could include friends, family or peers. Ethical and safeguarding issues must be considered when choosing the individual. You may ask your teacher for advice, if necessary. • Students must not choose individuals who have already completed the assignment. • Students must consider the task requirements and choose an appropriate individual who has scope to improve their diet and physical activity levels to help meet the assessment criteria. The food and drink diary must record all food and drink intake over the seven- day period, including meals, snacks, confectionary and supplements. The number of portions must also be recorded, e.g. a portion of rice or a portion of vegetables (as given in NHS 5 a day portion sizes). There is no need for exact weights and measures. • The physical activity diary must record the type and length of time for each activity that the individual participates in each day over the 7-day period. Physical activity could include walking, running, cycling, walking up and down stairs, swimming, sport, gardening, housework. This list is not exhaustive. • The student can use any method to ask the individual about the factors that influence their dietary and physical activity choices. This could be an interview or questionnaire or any other suitable method to gain this information from their chosen individual. • This element of the task does not need to be completed under teacher supervised conditions but it is necessary in order for students to access the criteria and the teacher must be satisfied that the student has collected this information from a suitable individual.
P1 and M1	• Students must cover the dietary guidelines that apply to their chosen individual in relation to: RDI, Eatwell Guide, Five a day, portion sizes. • For M1 their assessment must include a comparison of their chosen individual’s diet with the recommended dietary guidelines. Alcohol guidelines are not covered in this unit.
D1	• Students must look holistically at both diet and physical activity levels on the individual's health and wellbeing for their written report
P2 and M2	• Students must cover the frequency, intensity, time and type of physical activity. For example, a 55-year-old female would be encouraged to do weight bearing exercise three times a week, as well as cardiovascular and flexibility exercise. • Their assessment must include a comparison of their chosen individual’s physical activity levels with the recommended physical activity guidelines.
P3 and P4	• To achieve these criteria students must cover lifestyle and personal circumstances, sociocultural factors, economic factors, personal preferences and, if relevant, health factors.

 © Cambridge OCR 2025

M3	• For M3 to be achieved recommendations must be based on the information collected about the individual and must relate to P1 and M1. Recommendations must relate to dietary guidelines and must include reference to RDI, Eatwell Guide, Five a day and portion sizes. • M3 should not be awarded if recommendations are clearly inappropriate for the individual (for example recommending a pregnant woman includes raw shellfish in her diet). • The appropriateness of the recommendation does not need to be justified for M3 – justification is in D2 .
M4	• For M4 to be achieved recommendations must be based on the information collected about the individual and must relate to P2 and M2. Recommendations must relate to physical activity guidelines and must include reference to frequency, intensity, time and type of physical activity. • M4 should not be awarded if recommendations are clearly inappropriate for the individual (for example recommending a pregnant woman participates in contact sports). • The appropriateness of the recommendation does not need to be justified for M4 – justification is in D3.
D2 and D3	• Justifications must clearly relate to the recommendations in M3/M4 and be linked back to the individual.
Task 2 General	• The research element of the task does not need to be completed under teacher supervised conditions, but it is necessary in order for students to access the criteria.
P5 and M5	• The information about the digestive disorder must include: o a basic summary of how the disorder affects the service user including signs and symptoms o effects on appetite and choice of foods. • The digestive disorder will be given in the assignment. Research must be presented in written format and be referenced using a bibliography. • For M5 the impacts on the service user must be considered in relation to PIES.
P6	• Research on sources of support for the service user's digestive disorder must be referenced. This must include formal, informal and voluntary support. The digestive disorder will be given in the assignment. • Students must include a summary of how each source of support helps people with the digestive disorder. There is no requirement for students to refer to the individual in the assignment, or how it will meet their needs in relation to PIES
P7	• The meal plan must be for three meals per day and the number of days given in the assignment. • The meal plan must only include meals that are cooked from scratch. Ready meals must not be included in the meal plan. • For P7, the meal plan needs to meet the needs of the service user in relation to: o their digestive disorder o the dietary guidelines • their personal circumstances and preferences.
M6	• Students must explain how the planned meals provide a varied, balanced diet appropriate for the individual in relation to **each** of: o Protein o Fats (saturated and unsaturated) o Carbohydrates o Vitamins

 © Cambridge OCR 2025

	○ Minerals ○ Water ○ Fibre • Students must refer to at least two of the dietary guidelines listed in Topic Area 1.1. There is no requirement to refer to the digestive disorder for this criterion. Students do not need to quantify the amount of each dietary component, or to include each micronutrient listed in the specification. Explanations can be at general level.
P9	• Students can assume that there are some basic store cupboard ingredients available such as flour and seasoning. These will not need to be costed but the key ingredients will need to be included in the costing. • Costings should only include the quantity of ingredients that they have used (for example, the cost of one serving of cereal, rather than the cost of the whole box). • Students must show the breakdown of costs per ingredient (for example, one serving of cereal = price of the box divided by the number of servings). The information can be presented in any way, as long as it is clear.
D4	• For D4 students need to consider the service user's needs and relate this to Topic Area 3.1. It must be related to the service user rather than just at a general level.
P10	• Students must compare the information on the food labels of the two ready meals. They do not need to compare the ready meals to the meals in the meal plan. • Students must explain how they have used the information on the labels of both ready meals when deciding which is the healthiest choice. Students can decide that either ready meal is the healthiest as long as their explanation is supported by the information on the labels. • As a minimum, students must reference, energy, fat, saturates, sugars and salt.
P11	• The student must cover how the service user can use the information on food labels when choosing what to eat and relate it to recommended dietary guidelines, ingredients, the service user's preferences and the digestive disorder.
P12 and D5	• Research on sources of support for social interaction at mealtimes should relate to Topic Area 3.3. They can be in local area, or a wider area, depending on availability. Students can include consideration of the location and availability of these sources of support in their work in D5.

 © Cambridge OCR 2025

Synoptic assessment

Some of the knowledge, understanding and skills needed to complete this unit will draw on the learning in Unit F091.

This table details the synoptic links.

Unit F097: Supporting healthy nutrition and lifestyles		Unit F091: Anatomy and physiology for health and social care	
Topic Area		Topic Area	
1	Dietary and activity needs of individuals	3	Digestive system
2	Factors that influence dietary choices and physical activity levels	3	Digestive system

More information about synoptic assessment in these qualifications can be found in Section 6.2 Synoptic assessment.

 © Cambridge OCR 2025

6 Assessment and grading

6.1 Overview of the assessment

Entry code	H025
Qualification title	Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate)
GLH	180*
Reference	610/3985/8
Total units	Has three units: • Mandatory units F090, F092, F093.

Entry code	H125
Qualification title	Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate)
GLH	360*
Reference	610/3986/X
Total units	Has six units: • Mandatory units F090, F091, F092, F093 • and two other units from F094, F095, F096, F097.

*the GLH includes assessment time for each unit

Unit F090: Principles of health and social care
80 GLH 1 hour 30 minutes written exam 60 marks (60 UMS) Set and marked by us Calculators are not required in this exam. The exam has 5 compulsory questions. There will be short, medium and extended response questions.

 © Cambridge OCR 2025

Unit F091: Anatomy and physiology for health and social care

80 GLH

1 hour 30 minutes written exam

60 marks (60 UMS)

Set and marked by us

Calculators are not required in this exam

The exam has 2 parts and 14 compulsory questions. There will be short, medium and extended response questions.

- Section A: 10 marks
  - 10 x 1 mark, controlled response questions including multiple choice questions.
- Section B: 50 marks
  - Structured questions including short answer, closed response questions (with or without diagrams) and controlled response questions including MCQs – typically 1 to 4 marks.
  - Extended constructed response with points-based mark scheme – typically 1 to 4 marks, 1 mark per factor or feature to a stated maximum.
  - Extended constructed responses with levels of response mark schemes.
  - Some items will use scenarios/contexts.
  - All Topic Areas are assessed in each assessment.

Unit F092: Person-centred approach to care

50 GLH

Our set assignments

Centre-assessed and moderated by us

This set assignment has two practical tasks.

It should take 15 GLH to complete.

Unit F093: Supporting people with mental health conditions

50 GLH

Our set assignments

Centre-assessed and moderated by us

This set assignment has four practical tasks.

It should take 14 GLH to complete.

 © Cambridge OCR 2025

Unit F094: Supporting people with long term physiological conditions
50 GLH Our set assignments Centre-assessed and moderated by us This set assignment has four practical tasks. It should take 15 GLH to complete

Unit F095: Investigating public health
50 GLH Our set assignments Centre-assessed and moderated by us This set assignment has three practical tasks. It should take 13 GLH to complete.

Unit F096: Supporting people in relation to sexual health, pregnancy and postnatal health
50 GLH Our set assignments Centre-assessed and moderated by us This set assignment has three practical tasks. It should take 13 GLH to complete.

Unit F097: Supporting healthy nutrition and lifestyles
50 GLH Our set assignments Centre-assessed and moderated by us This set assignment has two practical tasks. It should take 14 GLH to complete.

The set assignments for NEA units are on our secure website, Teach Cambridge. Each NEA assignment is live for two years. The intended cohort is shown on the front cover. It is important you use the correct NEA set assignment for each cohort, as starting a new cohort of Year 12 students on an NEA set assignment that has already been live for one year will mean that these students will only have one year to work on the assignment.

 © Cambridge OCR 2025

6.2 Synoptic assessment

Synoptic assessment is a built-in feature of these qualifications. It means that students need to use an appropriate selection of their knowledge, understanding and skills developed across each qualification in an integrated way and apply them to a key task or tasks.

This helps students to build a holistic understanding of the subject and the connections between different elements of learning, so they can go on to apply what they learn from these qualifications to new and different situations and contexts.

The externally assessed units allow students to gain underpinning knowledge and understanding relevant to health and social care. The NEA units draw on and strengthen this learning by assessing it in an applied or practical way.

It is important to be aware of the synoptic links between the units so that teaching, learning and assessment can be planned accordingly. Then students can apply their learning in ways which show they are able to make connections across the qualification. Section 5.3 shows the synoptic links for each unit.

6.3 Transferable skills

These qualifications give students the opportunity to gain broad, transferable skills and experiences that they can apply in future study, employment and life.

Higher Education Institutions (HEIs) have told us that developing some of these skills helps students to transition into higher education.

These skills include:

- Collaboration
- Communication
- Critical thinking
- Independent learning
- Presentation skills
- Problem solving
- Referencing
- Reflection
- Research skills
- Self-directed study
- Time management

6.4 Grading and awarding grades

Externally assessed units

We mark all the externally assessed units.

Each external assessment is marked according to a mark scheme, and the mark achieved will determine the unit grade awarded (pass, merit or distinction). We determine grade boundaries for each of the external assessments in each assessment series.

If a student doesn't achieve the mark required for a pass grade, we issue an unclassified result for that unit. The marks achieved in the external assessment will contribute towards the student's overall qualification grade, even if a pass is not achieved in the unit assessment.

 © Cambridge OCR 2025

NEA units

You will assess the NEA units and we will moderate them.

Each unit has specified pass, merit and distinction assessment criteria. The assessment criteria for each unit are provided with the unit content in Section 5.3 of this specification. You must judge whether students have met the criteria or not.

A unit grade can be awarded at pass, merit or distinction. The number of assessment criteria needed to achieve each grade has been built into each assignment. These are referred to as design thresholds. The table below shows the design thresholds for each grade outcome for the NEA assessments in these qualifications. The unit grade awarded is based on the **total** number of achieved criteria for the unit. The total number of achieved criteria for each unit can come from achievement of any of the criteria (pass, merit or distinction). This is **not** a 'hurdles-based' approach, so students do **not** have to achieve **all** criteria for a specific grade to achieve that grade (e.g. all pass criteria to achieve a pass).

The number of assessment criteria achieved for an NEA unit will be classed as the raw mark. You will assess students' work and identify the number of criteria (raw marks) achieved for each NEA unit. Our moderators will moderate samples of work from your centre. This moderation process may result in the number of assessment criteria (raw marks) achieved being changed. The final raw mark achieved after moderation has taken place will be converted into a mark on the Uniform Mark Scale (UMS) and will contribute towards the student's overall qualification grade. (More information about UMS is in the section Calculating the qualification grades.)

To make sure we can keep outcomes fair and comparable over time, we will review the performance of the qualifications through their lifetime. The review process might lead to changes in these design thresholds if any unexpected outcomes or significant changes are identified.

Unit size (GLH)	**50**
Number of pass criteria	12
Number of merit criteria	7
Number of distinction criteria	5
Total number of criteria needed for a unit pass	10
Total number of criteria needed for a unit merit	15
Total number of criteria needed for a unit distinction	20
Total number of criteria available for the unit	24

If a student doesn't achieve enough criteria to achieve a unit pass, we will issue an unclassified result for that unit. The number of criteria achieved will be converted into a mark on the Uniform Mark Scale (UMS) and will contribute towards the student's overall qualification grade, even if a pass is not achieved in the unit assessment. More information about this is in the section Calculating the qualification grades.

Qualifications

The overall qualification grades are:

Certificate and Extended Certificate

- Distinction* (D*)
- Distinction (D)
- Merit (M)
- Pass (P)
- Unclassified (U)

 © Cambridge OCR 2025

Calculating the qualification grades

When we work out students' overall grades, we need to be able to compare performance on the same unit in different assessments over time and between different units. We use a Uniform Mark Scale (UMS) to do this.

A student's uniform mark for each externally assessed unit is calculated from the student's raw mark on that unit. A student's uniform mark for each NEA unit is calculated from the number of criteria the student achieves for that unit. The raw mark or number of criteria achieved are converted to the equivalent mark on the uniform mark scale. Marks between grade boundaries are converted on a pro rata basis.

When unit results are issued, the student's unit grade and uniform mark are given. The uniform mark is shown out of the maximum uniform mark for the unit (for example, 48/60).

The student's uniform marks for each unit will be aggregated to give a total uniform mark for the qualification. The student's overall grade will be determined by the total uniform mark.

The tables below show:

- the maximum raw marks or number of criteria, and uniform marks for each unit in the qualifications
- the uniform mark boundaries for each of the assessments in each qualification
- the minimum total mark for each overall grade in the qualifications.

Certificate Qualification:

Unit	Maximum raw mark/number of criteria	Maximum uniform mark (UMS)	Distinction* (UMS)	Distinction (UMS)	Merit (UMS)	Pass (UMS)
F090	60	60	-	48	36	24
F092	24	45	-	36	27	18
F093	24	45	-	36	27	18
Qualification Totals	108	150	135	120	90	60

Extended Certificate Qualification:

Unit	Maximum raw mark/number of criteria	Maximum uniform mark (UMS)	Distinction* (UMS)	Distinction (UMS)	Merit (UMS)	Pass (UMS)
F090	60	60	-	48	36	24
F091	60	60	-	48	36	24
F092	24	45	-	36	27	18
F093	24	45	-	36	27	18
F094	24	45	-	36	27	18
F095	24	45	-	36	27	18
F096	24	45	-	36	27	18
F097	24	45	-	36	27	18
Qualification Totals	216	300	270	240	180	120

You can find a marks calculator on the qualification page of our website to help you convert raw marks/number of achieved criteria into uniform marks.

 © Cambridge OCR 2025

6.5 Performance descriptors

Performance descriptors indicate likely levels of attainment by representative students performing at the pass, merit and distinction grade boundaries at Level 3.

The descriptors must be interpreted in relation to the content in the units and the qualification as a whole. They are not designed to define that content. The grade achieved will depend on how far the student has met the assessment criteria overall. Shortcomings in some parts of the assessment might be balanced by better performance in others.

Level 3 Pass

At pass, students show adequate knowledge and understanding of the basic elements of much of the content being assessed. They can develop and apply their knowledge and understanding to some basic and familiar contexts, situations and problems.

Responses to higher order tasks involving detailed discussion, evaluation and analysis are often limited.

Many of the most fundamental skills and processes relevant to the subject are executed effectively but lack refinement, producing functional outcomes. Demonstration and application of more advanced skills and processes might be attempted but not always executed successfully.

Level 3 Merit

At merit, students show good knowledge and understanding of many elements of the content being assessed. They can sometimes develop and apply their understanding to different contexts, situations and problems, including some which are more complex or less familiar.

Responses to higher order tasks involving detailed discussion, evaluation and analysis are likely to be mixed, with some good examples at times and others which are less accomplished.

Skills and processes relevant to the subject, including more advanced ones, are developed in terms of range and quality. They generally lead to outcomes which are of good quality, as well as being functional.

Level 3 Distinction

At distinction, students show thorough knowledge and understanding of most elements of the content being assessed. They can consistently develop and apply their understanding to different contexts, situations and problems, including those which are more complex or less familiar.

Responses to higher order tasks involving detailed discussion, evaluation and analysis are successful in most cases.

Most skills and processes relevant to the subject, including more advanced ones, are well developed and consistently executed, leading to high quality outcomes.

 © Cambridge OCR 2025

7 Non examined assessment (NEA) units

This section gives guidance on completing the NEA units. In the NEA units, students build a portfolio of evidence to meet the assessment criteria for the unit.

Assessment for these qualifications **must** adhere to JCQ's Instructions for conducting non-examination assessments (Vocational and Technical Qualifications).

Do **not** use JCQ's Instructions for Conducting non-examination assessments (GCE and GCSE specifications) – these are only relevant to GCE and GCSE specifications.

The NEA units are centre-assessed and externally moderated by us.

You **must** read and understand all the rules and guidance in this section **before** your students start the set assignments.

If you have any questions, please contact us for help and support.

7.1 Preparing for NEA unit delivery and assessment

7.1.1 Centre and teacher/assessor responsibilities

We assume the teacher is the assessor for the NEA units.

Before you apply to us for approval to offer these qualifications you must be confident your centre can fulfil all the responsibilities described below. Once you're approved, you can offer any of our general qualifications, Cambridge Nationals or Cambridge Advanced Nationals **without** having to seek approval for individual qualifications.

Here's a summary of the responsibilities that your centre and teachers must be able to fulfil. It is the responsibility of the head of centre[1] to make sure our requirements are met. The head of centre must ensure that:

- there are enough trained or qualified people to teach and assess the expected number of students you have in your cohorts.
- teaching staff have the relevant level of subject knowledge and skills to deliver and assess these qualifications.
- teaching staff will fully cover the knowledge, understanding and skills requirements in teaching and learning activities.
- allowed combinations of units are considered at the start of the course to be confident that all students can access a valid route through the qualifications.
- all necessary resources are available for teaching staff and students during teaching and assessment activities. This gives students every opportunity to meet the requirements of the qualification and reach the highest grade possible.
- there is a system of internal standardisation in place so that all assessment decisions for centre-assessed assignments are consistent, fair, valid and reliable (see Section 7.4.3).
- there is enough time for effective teaching and learning, assessment and internal standardisation.

[1] This is the most senior officer in the organisation, directly responsible for the delivery of Cambridge OCR qualifications, For example, the headteacher or principal of a school/college. The head of centre accepts full responsibility for the correct administration and conduct of Cambridge OCR exams.

 © Cambridge OCR 2025

- robust processes are in place to make sure that students' work is individual and confirmed as authentic (see Section 7.2.1).
- our set assignments are used for students' summative assessments. You must make sure that students use the assignment that is live for the period during which they are taking their summative assessment.
- our set assignments are **not** used for practice. This includes both assignments that are currently live or live assignments that have expired. Sample assessment material for each of the NEA units is available on our website. This sample assessment material can be used for practice purposes.
- students understand what they need to do to achieve the criteria.
- students understand what it means when we say work must be authentic and individual and they (and you) follow our requirements to make sure their work is their own.
- students know they must not reference another individual's personal details in any evidence produced for summative assessment, in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulations (UK GDPR). It is the student's responsibility to make sure evidence that includes another individual's personal details is anonymised.
- outcomes submitted to us are correct and are accurately recorded and adhere to the published deadlines.
- assessment of set assignments adheres to the JCQ Instructions for conducting non-examination assessments (Vocational and Technical Qualifications) and JCQ AI Use in Assessments: Protecting the Integrity of Qualifications.
- a declaration is made at the point you're submitting any work to us for assessment that confirms:
    - all assessment is conducted according to the specified regulations.
    - students' work is authentic.
    - marks have been transcribed accurately.

  Section 7.3.2 has more information about student and centre declarations.

  (Failing to meet the assessment requirements might be considered as malpractice.)
- centre records and students' work are kept according to these requirements:
    - students' work **must** be kept until **after** the unit has been awarded and any review of results or appeals processed. We cannot consider any review if the work has not been kept.
    - internal standardisation and assessment records must be kept securely for a minimum of three years after the date we've issued a certificate for a qualification.
- all cases of suspected malpractice involving teachers or students are reported (see Section 7.3.1).

 © Cambridge OCR 2025

7.2 Requirements and guidance for delivering and marking the set assignments

The assignments are:

- set by us.
- taken under supervised conditions (unless we specify otherwise in the assessment guidance).
- assessed by the teacher.
- moderated by us.

You can find the set assignments on our secure website, Teach Cambridge.

The set assignments give an approximate time that it will take to complete all the tasks. These timings are for guidance only, but should be used by you, the teacher, to give students an indication of how long to spend on each task. You can decide how the time should be allocated between each task or part task. Students can complete the tasks and produce the evidence across several sessions. Students' evidence (either hard copy or digital) must be kept securely by the teacher and access to assessment responses must be controlled. Students aren't permitted to access their work in between the assessment sessions.

We will publish a new set assignment each year and they will be live for two years. Each new set assignment will be released on 1 June for teacher planning. You must not start delivery of live assignments with students until the live assessment dates, which are shown on the front cover. We strongly recommend you use the set assignment released in the same calendar year as the new cohort starts to ensure they have two years for that assignment. You may potentially disadvantage students if you allow new cohorts to use assignments which have already been live for a year. This is because the assignments for each unit are designed for students to access throughout their two years of study. This enables resubmission opportunities across academic years if needed. Students are allowed one resubmission of work based on the same live assignment. Section 7.4.5 provides more information about resubmissions.

You must:

- only download set assignments from our secure website, Teach Cambridge, and use a set assignment that is live for assessment for all summative assessment of students.
- have registered students for the subject and made unit entries before submitting NEA work for moderation.
- not share the set assignments with anyone from outside of your centre. These must only be shared with appropriate centre staff and students taking the assessments.
  (More information about maintaining the integrity of assessment materials is in the JCQ document General Regulations for Approved Centres General and Vocational qualifications.)
- make sure students know that they must not share assessment material or their own work with others, including posting or sharing on social media.
  (More information is in the JCQ guidance Information for candidates Using social media and examinations/assessments.)

The rest of this section is about how to manage the delivery and marking of the set assignments so that assessment is valid and reliable. Please note that failing to meet these requirements might be considered as malpractice.

Here is a summary of what you need to do.

 © Cambridge OCR 2025

You **must**:

- be familiar with the requirements set out in the JCQ document Instructions for conducting non-examination assessments (Vocational and Technical Qualifications).
- have covered the knowledge, understanding and skills with your students and be sure they are ready for assessment **before** you start the summative assessment. This may include students practising applying their learning and receiving feedback from teachers in preparing to take the assessment.
- use the correct live set assignment for summative assessment of the students. The dates for which set assignments are live for summative assessment and the intended cohort are shown on the front cover. These assignments are available on Teach Cambridge.
- give students the Student Guide before they start the assessment.
- familiarise yourself with the assessment guidance relating to the tasks. The assessment guidance for each unit is in Section 5 after the assessment criteria grids and with the student tasks in the assignments.
- make sure students are clear about the tasks they must complete and the assessment criteria they are attempting to meet.
- give students a reasonable amount of time to complete the assignments and be fair and consistent to all students. The estimated time we think each assignment should take is stated in the set assignments. In that time students can work on the tasks under the specified conditions until the date that you collect the work for centre assessment.
- tell the students the resources they can use in the assignment before they start the assessment tasks.
- only give students templates provided by us. Where a template is needed for a task, we have provided it in the assignment. The Assessment Guidance will tell students if they **must** use the template(s) we provide. Where this is not stated as a mandatory requirement ('must use'), we **strongly** recommend that students use the template(s) we provide. You must **not** give students any other templates to use when completing their live assignments. Students may create their own templates to record their evidence. If they use templates accessed from other sources, they **must** make sure that:
    - the source is referenced.
    - the template is not pre-populated with responses for which the students may gain marks.
- monitor students' progress to make sure work is capable of being assessed against the assessment criteria, on track for being completed in good time and is the student's own work:
    - NEA work must be completed in the centre under teacher supervision. Supervision is not invigilation. A supervised classroom does not require exam conditions in that classroom. We do not require the internet to be disabled in the supervised classroom. NEA assessments would typically be completed in normal curriculum time:
        - work **must** be completed in the supervised sessions with enough supervision to make sure that it can be authenticated as the student's own work. This means that any source (such as the internet) that may be used by the student when they complete their work must be used appropriately to support the students' **own** work. Students must not claim work sourced through the internet (or any other source) as their own (see Section 7.2.3). The supervising teacher must be the teacher who will authenticate the students' work. (See Section 7.2.1 for more information on ways to authenticate work.) You must be familiar with the requirements of the JCQ document AI Use in Assessments: Protecting the Integrity of Qualifications before assessment starts.

 © Cambridge OCR 2025

- there may be exceptions to the requirement for supervised conditions if there is work to complete to support the assignment tasks (e.g. research). The assignment and assessment guidance will specify if there are exceptions.

  Where students are allowed to complete work outside of supervised conditions (e.g. research that may be allowed between supervised sessions) you **must** make sure that they only bring notes relating to the work they are allowed to complete unsupervised into the supervised sessions (e.g. notes relating to the research they have done) and to make sure any work they have done is independent. They **must no**t use unsupervised time as an opportunity to:
  - Create drafts of work for their tasks.
  - Gather information to use in other aspects of their tasks.

- if you provide any material to prepare students for the set assignment, you must adhere to the rules on using referencing and on acceptable levels of guidance to students. This is in Section 7.2.3 and 7.3.

- students must produce their work independently (see Sections 7.2.1 and 7.3).

- you must make sure students know to keep their work and passwords secure and know that they must not share completed work with other students, use any aspect of another student's work or share their passwords.

- complete the **Teacher Observation Record** that is with the assignments for tasks that state it is needed. This must be submitted with the students' evidence. You **must** follow the guidance given with the form when completing it. Electronic signatures may be used on the forms.
- use the assessment criteria to assess students' work.
- before submitting a final outcome to us, you can mark students' completed work and allow them to repeat any part of the assignment, reworking their original evidence. We call this a reattempt. Students must have completed the whole assignment before you mark their work. Any feedback you give to students on the marked work, must:
  - be factual: telling the student what you have observed, not what to do to improve their work.
  - be recorded.
  - be available to the moderator.

  (See Section 7.3 on Feedback and Section 7.4.4 on reattempting work.)

You **must not**:

- create your own assignments for students to use for practice or live assessment.
- change any part of the set assignments (scenarios or tasks).
- mark students' work in stages, providing feedback at each stage. This would be iterative assessment which is not allowed.
- accept multiple reattempts of work where small changes have been made in response to feedback. Marking and feedback must not be an iterative process.
- allow teachers or students to add, amend or remove any work **after** submission for moderation.
- give detailed advice and suggestions to individuals or the whole class on how work may be improved to meet the assessment criteria. This includes giving access to student work as an exemplar.

 © Cambridge OCR 2025

- allow students access to their assignment work between teacher supervised sessions. (There may be exceptions where students are allowed to complete work independently (e.g. research). Any exceptions will be stated in the assignments.)
- practise the live set assignment tasks with the students. We provide Sample Assignments for you to use for practice purposes.

7.2.1 Ways to authenticate work

All NEA work must be completed under teacher supervision (unless the assessment guidance for a specific task or sub-task advises otherwise). In addition, you must complete enough checks to be confident that the work you mark is the student's own and was produced independently.

You should discuss work in progress with students, including asking them questions such as what they are planning/doing and why. This will make sure that work is being completed in a planned and timely way and will give you opportunities to check the authenticity of the work. This is not an opportunity to offer additional guidance to students.

You **must**:

- have read and understood the JCQ documents Instructions for conducting non-examination assessments (Vocational and Technical Qualifications) and AI Use in Assessments: Protecting the Integrity of Qualifications.
- make sure students and other teachers understand what constitutes plagiarism and other forms of malpractice (e.g. collusion and copying).
- not accept plagiarised work as evidence.
- use questioning as appropriate to confirm authenticity.
- make sure students and teachers fill in authentication declarations (see Section 7.3.2).

7.2.2 Group work

Group work is not allowed for the NEA assignments in these qualifications.

7.2.3 Plagiarism

Students must use their own words when they produce final written pieces of work to show they have genuinely applied their knowledge and understanding. When students use their own words, ideas and opinions, it reduces the possibility of their work being identified as plagiarised. Plagiarism is:

- the submission of someone else's work as your own
- failure to acknowledge a source correctly, including any use of written material, the internet or Artificial Intelligence (AI).

You might find the following JCQ documents helpful:

- Plagiarism in Assessments
- AI Use in Assessments: Protecting the Integrity of Qualifications.

Due to increasing advancements in AI technology, we strongly recommend that you are familiar with the likely outputs from AI tools. This could include using AI tools to produce responses to some of the assignment tasks, so that you can identify typical formats and wording that these may produce. This may help you identify any cases of potential plagiarism from students using AI tools to generate written responses.

 © Cambridge OCR 2025

Plagiarism makes up a large percentage of cases of suspected malpractice reported to us by our moderators. You must **not** accept plagiarised work as evidence.

Plagiarism often happens innocently when students do not know that they must reference or acknowledge their sources or aren't sure how to do this. It's important to make sure your students understand:

- the meaning of plagiarism and what penalties may be applied.
- that they can refer to research, quotations or evidence produced by somebody else, but they must list and reference their sources and clearly mark quotations.
- quoting someone else's work, even when it's properly sourced and referenced, doesn't evidence understanding. The student must 'do' something with that information to show they understand it. For example, if a student has to analyse data from an experiment, quoting data doesn't show that they understand what it means. The student must interpret the data and, by relating it to their assignment, say what they think it means. The work must clearly show how the student is using the material they have referenced to inform their thoughts, ideas or conclusions.

We have The OCR Guide to Referencing on our website. We have also produced a poster about referencing and plagiarism which may be useful to share with your students.

Teach your students how to reference and explain why it's important to do it. At Key Stage 5 they must:

- use quote marks to show the beginning and end of the copied work.
- list the html address for website text and the date they downloaded information from the website.
- show the name of the AI source used and the date the content was generated for computer-generated content (such as an AI Chatbot).
- for other publications, list:
    - the name of the author.
    - the name of the resource/book/printed article.
    - the year in which it was published.
    - the page number.

Teach your students to:

- always reference material copied from the internet or other sources. This also applies to infographics (graphical information providing data or knowledge).
- always identify information they have copied from teaching handouts and presentations for the unit, using quote marks and stating the text is from class handouts.

Identifying copied/plagiarised work

Inconsistencies throughout a student's work are often indicators of plagiarism. For example:

- different tones of voice, sentence structure and formality across pieces of work.
- use of American expressions, spellings and contexts (such as American laws and guidelines).
- dated expressions and references to past events as being current.
- sections of text in a document where the font or format is inconsistent with other sections.

 © Cambridge OCR 2025

What to do if you think a student has plagiarised

If you identify plagiarised work during assessment or internal standardisation, you must:

- consider the plagiarism when judging the number of assessment criteria achieved. (You must not award assessment criteria where the work is plagiarised.)
- record that there is plagiarism in the work on the unit recording sheet (URS) or your recording document, and that you have adjusted the number of assessment criteria achieved to take account of the plagiarism. You will also need to include this information on the Moderation Service if the student's work is requested as part of the moderation sample. This helps our moderators to understand why such criterion may look to be achieved but have not been awarded. (More information about recording documents is in Section 7.5.2.)
    - if the work is requested as part of the moderation sample, it must be provided to our moderator with the other work requested.

If plagiarism is identified during ongoing monitoring of students' work, you can address this in your centre (for example, by instructing the student(s) involved to re-do the affected tasks).

If plagiarism is identified when the work has been submitted to you as final for marking, you must:

- report the student(s) for plagiarism in line with the JCQ document Suspected Malpractice Policies and Procedures
    - fill in the **JCQ form M1**.

In line with JCQ's policies and procedures on suspected malpractice, the penalties applied for plagiarism will usually result in the work not being allowed (disqualification) or the mark being significantly reduced.

7.3 Feedback

Feedback to students on work in progress towards summative assessment

You can discuss work in progress towards summative assessment with students to make sure it's being done in a planned and timely way. It also provides an opportunity to check the authenticity of the work. You must intervene if there's a health and safety risk (and reflect this in your assessment if the student's ability to operate safely and independently is part of the criteria).

Generic guidance to the whole class is also allowed. This could include reminding students to check they have provided evidence to cover all key aspects of the task. Individual students can be prompted to double check for gaps in evidence providing that specific gaps are not pointed out to them.

You can give general feedback and support if one or more students are struggling to get started on an aspect of the assignment or following a break between sessions working on the assignment. For example, if a student is seeking more guidance that suggests they are not able to apply knowledge, skills and understanding to complete their evidence, you can remind them that they had a lesson which covered the topic. The student would then need to review their own notes to find this information and apply it as needed.

If a student needs additional help to get started on an initial task that is critical to accessing the rest of the assessment, you can provide this help if you feel it is necessary, but you must not award the student with any assessment criteria directly associated with the part(s) of the task for which they received help. This **must** be recorded on the student's work and recording document (see Section 7.5.2). You will also need to include this information on the Moderation Service if the student's work is requested as part of the moderation sample. This helps our moderators to understand why such criterion may look to be achieved but have not been awarded. More information about how to record additional help given in these circumstances is in Section 7.4.1.

 © Cambridge OCR 2025

With the exception of the specific feedback allowed to help students start a critical task, mentioned above, feedback must not provide specific advice and guidance that would be construed as coaching. This would compromise the student's ability to independently perform the task(s) they are doing and constitutes malpractice. Our moderators use a number of measures to assure themselves the work is the student's own.

Assessing completed work

When students have completed their work on an assignment, you must assess it and give feedback to them on the completed work they submitted to you for assessment. (Section 7.4.1 has more information about how to assess NEA work.) Assessment should not be an iterative process. This means you must not assess work and give feedback on it in stages. You must only assess the work when the assignment is complete.

Feedback **must**:

- be supportive, encouraging and positive.
- tell the student what has been noticed, not what you think (for example, if you have observed the student completing a task, you can describe what happened, what was produced and what was demonstrated).

Feedback **can**:

- identify what task and part of the task could be improved, but not say how to improve it. You could show the student work from a **different** unit that demonstrates higher achievement, but you must not detail to the student how they could achieve that in their work. If you are using another student's work from a different unit as an example, you must anonymise this work and make sure that the potential to plagiarise from this work is minimised. You could remind students that they had a lesson on a specific topic and that they could review their notes, but you must not tell them how they could apply the teaching to improve their work.
- comment on what has been achieved, for example 'the evidence meets the P2 and M2 criteria'.
- identify that the student hasn't met a command word or assessment criteria requirement. For example, 'This is a description, not an evaluation'.
- use text from the specification, assignment or assessment criteria in general guidance to clarify what is needed in the work. For example, 'You identified three appropriate pieces of equipment to support your chosen individual (P7 – F092)'

Feedback **must not**:

- point out specific gaps. For example, you must not prompt the student to include specific detail in their work, such as 'You need to add some peer feedback to illustrate what you are saying'.
- be so detailed that it leads students to the answer. For example, you must not give:
    - model answers.
    - step-by-step guidance on what to do to complete or improve work.
    - headings or prompts that include examples which give all or part of what students have to write about or produce.
- talk the student through how to achieve or complete the task.
- give detail on where to find information/evidence.

In other words, feedback must help the student to take the initiative in making changes. It must not direct or tell the student what to do to complete or improve their work in a way that means they do

 © Cambridge OCR 2025

not need to think how to apply their learning. Students need to recall or apply their learning. You must not do the work for them.

Students can reattempt their work on an assignment after you have marked it and provided feedback. This **must** happen before the work is submitted to us for moderation. Neither you nor the student can add, amend or remove any work after the final mark has been submitted for moderation.

Sections 7.4.4 and 7.4.5 give more guidance for students who wish to reattempt or resubmit their work following feedback.

Informing students of their marks

When you have marked students' work, you must inform students of the marks (number of criteria) achieved. **Before** you submit marks to us, you must provide enough time for:

- students to appeal the marks.
- you to complete a review and make changes if needed.
- you to inform students of the outcome of the review.

The marks must be submitted to us **at least 10 working days** before your visit.

What improper assistance might look like

When we see anything that suggests the teacher has led students to the answer, we become concerned because it suggests students have not worked independently to produce their assignment work. The following are examples of what might indicate improper assistance by the teacher:

- prompts that instruct students to include specific detail in their work, such as, 'You need to include the aims of the activity. Who is it aimed at? What is the purpose of the activity? How will it benefit the specific group/individual?'
- headings or templates that include examples which give all or part of what students have to write about or produce, such as sources of support.

Our moderators will report suspected malpractice when they cannot see differences in content between students' work in the sample they are moderating. An exception is when students have only used and referenced technical facts and definitions. If our moderator is in any doubt, they will report suspected malpractice. The decision to investigate or not is made by us, not the moderators.

7.3.1 Reporting suspected malpractice

It is the responsibility of the head of centre to report all cases of suspected malpractice involving teachers or students.

A JCQ Report of Suspected Malpractice form (JCQ/M1 for student suspected malpractice or JCQ/M2 for staff suspected malpractice) is available to download from the JCQ website. The form must be completed as soon as possible and emailed to us at compliance@ocr.org.uk.

When we ask centres to gather evidence to assist in any malpractice investigation, heads of centres must act promptly and report the outcomes to us.

The JCQ document Suspected Malpractice Policies and Procedures has more information about reporting and investigating suspected malpractice, and the possible sanctions and penalties which could be imposed. You can also find out more on our website.

 © Cambridge OCR 2025

7.3.2 Student and centre declarations

Both students and teachers must declare that the work is the student's own:

- **each student** must sign a declaration before submitting their work to their teacher. A **candidate authentication statement** can be used and is available to download from our website. You must keep these statements in the centre until all reviews of results, malpractice and appeal issues have been resolved.
- **teachers** must declare the work submitted for centre assessment is the students' own work by completing a centre authentication form (CCS160) for each cohort of students for each unit. You must keep centre authentication forms in the centre until all post-results issues have been resolved.

7.3.3 Generating evidence

The set assignments will tell the students what they need to do to meet the assessment criteria for the NEA units. It is your responsibility to make sure that the methods of generating evidence for the assignments are:

- valid
- safe and manageable
- suitable to the needs of the student.

Valid

The evidence presented must be valid. For example, it would not be appropriate to present an organisation's equal opportunities policy as evidence towards a student's understanding of how the equal opportunities policy operates in an organisation. It would be more appropriate for the student to incorporate the policy in a report describing the different approaches to equal opportunities.

Safe and manageable

You must make sure that methods of generating evidence and approaches taken:

- are safe and manageable
- do not put unnecessary demands on the student.
- are appropriate and in line with ethical standards and your centre's safeguarding responsibilities.

Suitable to the needs of the student

We are committed to ensuring that achievement of these qualifications is free from unnecessary barriers.

Observation and questioning

The primary evidence for assessment is the work submitted by the student, however the following assessment methods might be suitable for you to use for some aspects of these qualifications, where identified:

- **observation** of a student doing something
- **questioning** of the student or witness.

 © Cambridge OCR 2025

Observation

You and the student should plan observations together, but it is your responsibility to record the observation properly (for example observing a student undertaking a practical task). More information is in the Teacher Observation Records section.

Questioning

Questioning the student is normally an ongoing part of the formative assessment process and may, in some circumstances, provide evidence to support achievement of the criteria.

Questioning is often used to:

- test a student's understanding of work which has been completed outside of the classroom (where this may be permitted)
- check if a student understands the work they have completed
- collect information on the type and purpose of the processes a student has gone through.

If questioning is used as evidence towards achievement of specific topic areas, it is important that you record enough information about what they asked and how the student replied, to allow the assessment decision to be moderated.

7.3.4 Teacher Observation Records

You **must** complete the Teacher Observation Record form in the set assignment for:

Unit F092 for each student as evidence of explaining the outline plan using effective communication skills (Task 2, Topic Areas 1, 2 and 3). The Teacher Observation Record form must provide evidence of a student explaining the outline plan using effective communication skills, alongside evidence such as the written outline plan, presentation slides, feedback forms or digital recordings/photographic evidence.

Unit F095 for each student as evidence of delivering the presentation about the proposal (Task 3, Topic Areas 1, 2 and 3). The Teacher Observation Record form must provide evidence of a student delivering the presentation about the proposal, alongside evidence such as the presentation slides, script, speaker notes or digital recordings/photographic evidence.

Unit F096 for each student as evidence of delivering the advice and guidance session and using appropriate communication skills (Task 3, Topic Area 3). The Teacher Observation Record form must provide evidence of a student delivering the advice and guidance session and using appropriate communication skills, alongside evidence such as the presentation slides, script, speaker notes, feedback forms or digital recordings/photographic evidence.

Teacher observation **cannot** be used as evidence of achievement for a whole unit. Most evidence **must** be produced directly by the student. Teacher observation **must only** be used where specified as an evidence requirement.

Teacher Observation Records must be individual to each student and suitably detailed to help moderators to determine if the assessment criteria have been met. You must follow the guidance provided in the 'guidance notes' section of the form so that the evidence captured and submitted is appropriate. Both you and the student must sign and date the form to show that you both agree its contents. Electronic signatures are acceptable. The signed form must form part of the students' evidence and be submitted with work requested for moderation.

Where the guidance has not been followed, the reliability of the form as evidence may be called into question. If doubt about the validity of the Teacher Observation Record form exists, it cannot be used as assessment evidence and marks based on it cannot be awarded. Our moderators will be instructed to adjust centre marks accordingly.

 © Cambridge OCR 2025

7.3.5 Presentation of the final piece of work

Students must produce their evidence in the format specified in the tasks where specific formats are given. Written work can be digital (e.g. word processed) or hand-written and tables and graphs (if relevant) can be produced using appropriate ICT. If a student's work is requested as part of the moderation sample, a digital version will need to be uploaded to our Submit for Assessment service. You should consider this before students produce their work for assessment.

More information about how to submit work to Submit for Assessment is on our Administration pages. This also includes information relating to the operating systems, browsers and devices that are supported by Submit for Assessment, as well as the file formats and sizes that are acceptable.

Any sourced material must be suitably acknowledged. Quotations must be clearly marked and a reference provided.

You will provide information to us relating to the criteria achieved by students on our Cambridge OCR Moderation Service. This is accessed through My Cambridge. More information is available on our Administration pages.

7.4 Assessing NEA units

All NEA units are assessed by teachers and externally moderated by our moderators. Assessment of the set assignments must adhere to JCQ's Instructions for conducting non-examination assessments (Vocational and Technical Qualifications).

The centre is responsible for appointing someone to act as the internal assessor. This would usually be the teacher who has delivered the programme but could be another person from the centre. The assessment criteria must be used to assess the student's work. These specify the levels of skills, knowledge and understanding that the student needs to demonstrate.

7.4.1 Applying the assessment criteria

When students have completed the assignment, they must submit their work to you to be assessed.

You must assess the tasks using the assessment criteria and any additional assessment guidance provided. Each criterion states what the student needs to do to achieve that criterion (e.g. Explain the outline plan using effective communication skills). The command word and assessment guidance provide additional detail about breadth and depth where it is needed.

You must judge whether each assessment criterion has been **successfully achieved** based on the evidence that a student has produced. For the criterion to be achieved, the evidence must show that all aspects have been met in sufficient detail.

When making a judgement about whether a criterion has been **successfully achieved**, you must consider:

- the requirements of the specific NEA task that the student is completing
- the criterion wording, including the command word used and its definition
- any assessment guidance for the criterion
- the unit content that is being assessed.

You must annotate the work to show where evidence meets each criterion (see Section 7.4.2). You can then award the criterion. Assessment should be positive, rewarding achievement rather than penalising failure or omissions.

The number of criteria needed for each unit grade (pass, merit or distinction) is provided in Section 6.4.

 © Cambridge OCR 2025

The total number of criteria achieved is the 'raw mark'.

You must be convinced, from the evidence presented, that students have worked independently to the required standard.

If you have given additional, more specific support or guidance to an individual student to get them started on a task, this **must** also be recorded on the student's work and/or your recording sheet. You will also need to include this information on the Moderation Service if the student's work is requested as part of the moderation sample. This ensures the information is available for our moderator to see. You may give this support because the student could not start a task or part of a task that was **critical to them accessing the rest of the task or assignment** (see Section 7.3). In this situation, the student should **not** be awarded the assessment criteria for the work for which they received help, and the number of criteria achieved must be adjusted appropriately. Recording this on the student's work/recording document (and the Moderation Service where this work is requested in the sample) will help our moderator to understand why the assessment criteria have not been awarded.

There should be clear evidence that work has been attempted and some work produced. If a student does not submit any work for an NEA unit, the student should be identified as being absent from that unit.

If a student completes any work at all for an NEA unit, you must assess the work using the assessment criteria and award the appropriate number of criteria. This might be zero.

Your centre must internally standardise the assessment decisions for the cohort **before** you give feedback to students (see Section 7.4.3). When you are confident the internal assessment standardisation and appeals process is complete, you can submit work for moderation at the relevant time. You **must not** add, amend or remove any work after it has been submitted to us for final moderation. Work **must** be kept securely until the end of the review of results process.

7.4.2 Annotating students' work

Each piece of NEA work must show how you are satisfied the assessment criteria have been met.

Comments on students' work and your recording document provide a means of communication about assessment decisions made, between teachers during internal standardisation, and with our moderators if the work is part of the moderation sample. (Comments or annotations must not be used as a method of communication with our moderator for any other reason.)

7.4.3 Internal standardisation

It is important that all teachers are assessing work to common standards. For each unit, centres must make sure that internal standardisation of outcomes across teachers and teaching groups takes place using an appropriate procedure.

This can be done in a number of ways. In the first year, reference material and our training meetings will provide a basis for your centre's own standardisation. In following years, this, and/or your own centre's archive material, can be used. We advise you to hold preliminary meetings of staff involved to compare standards through cross-marking a small sample of work. After you have completed most of the assessment, a further meeting at which work is exchanged and discussed will help you make final adjustments.

If you are the only teacher in your centre assessing these qualifications, we still advise you to make sure your assessment decisions are internally standardised by someone else in your centre. Alternatively, this could be a teacher that may be delivering in another local centre or as part of your Multi Academy Trust (MAT) if relevant. Ideally this person will have experience of these types of qualifications, for example someone who:

- is delivering a similar qualification in another subject.

 © Cambridge OCR 2025

- has relevant subject knowledge.

You must keep evidence of internal standardisation in the centre for our moderators to see.

We have a **guide** to how internal standardisation can be approached on our website.

7.4.4 Reattempting work to improve the grade before submitting marks to us

As described in Section 7.2, **before** submitting a final outcome to us for external moderation, you can allow students to repeat any element of the assignment and rework their original evidence. We refer to this as a reattempt. A reattempt allows the student to reflect on **internal** feedback, and to improve their work. A reattempt is **not** an iterative process where students make small modifications through ongoing feedback to eventually achieve the desired outcome.

Any feedback **must** be noted by you and a record of this kept in centre. We have provided a feedback form for this purpose, which can be found on our website and Teach Cambridge. We recommend that you use the feedback form we provide or create your own recording form.

To summarise, a reattempt is a process that is internal to the centre. This allows students to rework their evidence:

- after it has been marked by you as a complete assignment.
- before it is submitted to us as the final work.

A reattempt **must** be done before submission for external moderation. When a student submits the work to you as final for external moderation, they **must not** complete any further work on any aspect of it.

7.4.5 Resubmitting moderated work to us to improve the grade

We use the term ‘resubmission’ when referring to student work that has previously been submitted to us for moderation. Following moderation, if you and the student feel they have not performed at their best during the assessment, the student can, with your agreement, improve their work and resubmit it to you again for assessment and to us for external moderation. You must be sure it is in the student’s best interests to resubmit the work for assessment. There is one resubmission opportunity per NEA assignment. If you have submitted the same assignment twice for a student, they will need to use the next live assignment for any further reattempt and resubmission.

Students can only resubmit work using the **same** assignment if the assignment is still live. The live assessment dates and intended cohort will be shown on the front cover of the assignment. We will not accept work based on an assignment that is no longer live. If the assignment is no longer live, students will need to produce work using the new live assignment for the unit for the resubmission.

If students are resubmitting using a new live assignment, they can use the evidence they produced for the previous assignment, but they will need to make any changes that are necessary so that the work meets the requirements of the new scenario and task.

Students can also build on the work to improve it. All work for a resubmission must be completed under the required teacher supervised conditions and marked against the assessment criteria and assessment guidance. You must not over direct students on how to adapt/improve work to meet the requirements of the new assignment. You must adhere to all requirements relating to giving and recording feedback from Section 7.3 and Section 7.4.4.

To summarise, a resubmission is the reworking and submitting of assignment evidence and marks to us, following previous external moderation by us.

 © Cambridge OCR 2025

7.5 Moderating NEA units

The purpose of external moderation is to make sure that the standard of assessment is the same for all centres and that internal standardisation has taken place.

Our Administration pages give full details about how to submit work for moderation.

This includes the deadline dates for entries and submission of marks. For moderation to happen, you must submit your marks **at least 10 working days** before your visit.

7.5.1 Submitting outcomes

When you have assessed the work, given students their marks and the opportunity to review them (see **Informing students of their marks** in Section 7.3), you must submit the total number of criteria achieved (raw marks) for each student using the Moderation Service. This is accessed via My Cambridge. The marks must be submitted to us **at least 10 working days** before your moderation visit. You must have made NEA unit entries before you can submit marks.

7.5.2 Sample requests

Once you have submitted your marks, we will tell you which work will be sampled as part of the moderation process. Samples will include work from across the range of students' attainment. You must submit the sample work **and** the assessment criteria awarded, **at least three working days** before your visit. Failure to submit or late submission of samples will be classed as maladministration and may result in a malpractice investigation.

For students requested in the sample, you **must**:

- submit full details of each individual criterion achieved on the Moderation Service.
    - this must include providing any additional information related to criteria that look to be achieved but you have not awarded for specific reasons (e.g. because plagiarism was detected or because additional support was given to the student to get them started on a task).
- upload work to our Submit for Assessment service.

At the same time as you submit the above information for students in the sample, you must upload to Submit for Assessment the detail of each criterion achieved by every student in the cohort for which you have submitted outcomes. This information may be captured on unit recording sheets (URS) or another recording document.

Any recording document used must include the same information that is captured on the URS for each student:

- The qualification and unit name
- The candidate name(s) and number(s)
- The assignment taken (e.g. Set A) and scenario title
- The date
- The assessment criteria for the unit and whether each criterion has been achieved or not
- Any additional information related to criterion that may look to be achieved but you have not awarded for specific reasons (e.g. because plagiarism was detected or because additional support was given to the student to get them started on a task).

We have provided a unit recording sheet (URS) for each NEA unit which you may use to help capture this information as you are assessing students' work. We have also provided a

 © Cambridge OCR 2025

spreadsheet recording document for each size of unit, which you may prefer to use for your student cohort.

These can be downloaded from the qualification webpage or Teach Cambridge. The URS are **not** mandatory documents. You may use the spreadsheet we provide or create your own recording document to capture the required information instead.

Students' work must be securely kept until after the unit has been awarded and any review of results and appeals windows are closed.

We need sample work to help us monitor standards. We might ask some centres to release work for this purpose. We will let you know as early as possible if we need this from you. We always appreciate your co-operation.

7.5.3 NEA outcomes

You will know the outcomes of moderation after your moderation visit. On results day, for each student, you will be sent the unit grades and the raw marks (number of criteria achieved). The raw marks will be converted to UMS. (More information about raw marks and UMS is in Section 6.4.)

 © Cambridge OCR 2025

8 Administration

This section gives an overview of the processes involved in administering these qualifications. More information about the processes and deadlines involved at each stage is on our Administration pages.

8.1 Assessment availability

There are two assessment opportunities available each year for the externally assessed units: one in January and one in June. Students can be entered for different units in different assessment series.

All students must take the exams at a set time on the same day in a series.

NEA assignments can be taken by students at any time during the live period shown on the front cover. We strongly recommend you use the set assignment that is released in the same calendar year as the new cohort starts to ensure that students have two years to use the assignment, giving them access to a resubmission opportunity if needed.

There are two series (windows) each year to submit NEA outcomes. All dates relating to NEA moderation are on our Administration pages.

(More information is in Section 8.5.2.)

Qualification certification is available in each series.

8.2 Collecting evidence of student performance to ensure resilience in the qualifications system

Regulators have published guidance on collecting evidence of student performance as part of long-term contingency arrangements to improve the resilience of the qualifications system. You should review and consider this guidance when delivering this qualification to students at your centre.

For more detailed information on collecting evidence of student performance please visit our website.

8.3 Equality Act information relating to Cambridge Advanced Nationals

The Cambridge Advanced Nationals require assessment of a broad range of skills and, as such, prepare students for further study and higher-level courses.

The Cambridge Advanced National qualifications have been reviewed to check if any of the competences required present a potential barrier to disabled students. If this was the case, the situation was reviewed again to make sure that such competences were included only where essential to the subject.

8.4 Accessibility

There can be adjustments to standard assessment arrangements based on the individual needs of students. It is important that you identify as early as possible if students have disabilities or particular difficulties that will put them at a disadvantage in the assessment situation and that you choose a qualification or adjustment that allows them to demonstrate attainment.

If a student requires access arrangements that need approval from us, you must use Access arrangements (online) to gain approval. You must select the appropriate qualification type(s) when you apply. Approval for GCSE or GCE applications alone does not extend to other qualification

 © Cambridge OCR 2025

types. You can select more than one qualification type when you make an application. For guidance or support please contact our Special Requirements Team.

The responsibility for providing adjustments to assessment is shared between your centre and us. Please read the JCQ document Access Arrangements and Reasonable Adjustments.

If you have students who need a post-exam adjustment to reflect temporary illness, indisposition or injury when they took the assessment, please read the JCQ document A guide to the special consideration process.

If you think any aspect of these qualifications unfairly restricts access and progression, please email Support@ocr.org.uk or call our Customer Support Centre on **01223 553998**.

The following access arrangements are allowed for this specification:

Access arrangement	Type of assessment
Reader/Computer reader	All assessments
Scribes/Speech recognition technology	All assessments
Practical assistants	All assessments
Word processors	All assessments
Communication professional	All assessments
Language modifier	All assessments
Modified question paper	Timetabled exams
Extra time	All assessments with time limits

8.5 Requirements for registering students and making unit entries

We provide information on key dates, timetables, moderation and how to submit marks on our website.

Your centre must be registered with us as an approved centre before you register students and can make entries. Centre approval should be in place well in advance of making your first entries. Details on how to register with us are on our website.

8.5.1 Registering your students

At the start of the course, you need to register your students for the relevant Cambridge Advanced Nationals subject. The registration code for this subject is A002.

Full information about how to register students is on the Administration page of our website.

8.5.2 Making unit entries

When students are ready for assessment, you must make exam and NEA unit entries for the relevant assessment series. You need to know the unit entry codes. Students submitting work must be entered for the appropriate unit entry code from the table below.

The short title for these Cambridge Advanced Nationals is AAQ CAN. This is the title that will be displayed on Interchange and some of our administrative documents.

You need to register your students first, before you can make individual unit entries. Individual unit entries should be made for each series in which you intend to submit or resubmit an NEA unit or sit an externally assessed examination.

 © Cambridge OCR 2025

Unit entry code	Component code	Assessment method	Unit titles
F090	01	Written paper	Principles of health and social care
F091	01	Written paper	Anatomy and physiology for health and social care
F092	01	Moderated	Person-centred approach to care
F093	01	Moderated	Supporting people with mental health conditions
F094	01	Moderated	Supporting people with long term physiological conditions
F095	01	Moderated	Investigating public health
F096	01	Moderated	Supporting people in relation to sexual health, pregnancy and postnatal health
F097	01	Moderated	Supporting healthy nutrition and lifestyles

Full information about how to make entries for units is on our Administration page.

8.6 Making certification entries

You must enter students for qualification certification separately from registration and unit entries. You should make a **certification entry** in the final series, at the end of the student's course. If a certification entry is **not** made, no overall grade can be awarded. These are the qualifications that students should be entered for:

- Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Certificate) - certification code H025.
- Cambridge OCR Level 3 Alternative Academic Qualification Cambridge Advanced National in Health and Social Care (Extended Certificate) - certification code H125.

8.7 Unit and qualification resits

Students can resit the assessment for each unit and the best result will be used to calculate the certification result. Students may resit each examined unit (F090 and F091) twice before certification. This means they can have three attempts in total at exams for each of these units. Unit F090 is in both the Certificate and Extended Certificate qualifications. Students may have a **total** of three exam attempts for this unit across the qualifications.

Resit opportunities must be fair to all students and **not** give some students an unfair advantage over other students. For example, the student must not have direct guidance and support from the teacher in producing further evidence for NEA units. When resitting an NEA unit, students must submit new, amended or enhanced work, as detailed in the JCQ Instructions for conducting non-examination assessments (Vocational and Technical Qualifications).

When you arrange resit opportunities, you must make sure that you do not adversely affect other assessments being taken.

Arranging a resit opportunity is at the centre's discretion. Summative assessment series must not be used as a diagnostic tool and resits should only be planned if the student has taken full advantage of the first assessment opportunity and any formative assessment process.

 © Cambridge OCR 2025

8.8 Post-results services

A number of post-results services are available:

- Reviews of results - if you think there might be something wrong with a student's results, you may submit a review of marking or moderation.
- Missing and incomplete results - if an individual subject result for a student is missing, or the student has been omitted entirely from the results supplied you should use this service.
- Access to scripts - you can ask for access to marked scripts.
- Late certification - following the release of unit results, if you have not previously made a certification entry, you can make a late request, which is known as a **late certification**. This is a free service.

Please refer to the JCQ Post-Results Services booklet and our Administration page for more guidance about post-result services.

For each NEA unit, a review of moderation can only be requested for the cohort. It cannot be requested for individual students.

 © Cambridge OCR 2025

Appendix A: Command Words

External assessment

The table below shows the command words that will be used in exam questions. This shows what we mean by the command word and how students should approach the question and understand its demand. Remember that the rest of the wording in the question is also important.

Command Word	Meaning
Analyse	• Separate or break down information into parts and identify their characteristics or elements • Explain the different elements of a topic or argument and make reasoned comments • Explain the impacts of actions using a logical chain of reasoning
Annotate	• Add information, for example, to a table, diagram or graph
Calculate	• Work out the numerical value. Show your working unless otherwise stated
Choose	• Select an answer from options given
Compare	• Give an account of the similarities and differences between two or more items or situations
Complete	• Add information, for example, to a table, diagram or graph to finish it
Describe	• Give an account that includes the relevant characteristics, qualities or events
Discuss (how/whether/etc)	• Present, analyse and evaluate relevant points (for example, for/against an argument) to make a reasoned judgement
Draw	• Produce a picture or diagram
Explain	• Give reasons for and/or causes of something • Make something clear by describing and/or giving information
Give examples	• Give relevant examples in the context of the question
Identify	• Name or provide factors or features from stimulus
Label	• Add information, for example, to a table, diagram or graph until it is final
Outline	• Give a short account or summary
State	• Give factors or features • Give short, factual answers

 © Cambridge OCR 2025

Non examined assessment (NEA)

The table shows the command words that will be used in the NEA assignments and/or assessment criteria.

Command Word	Meaning
Adapt	• Change to make suitable for a new use or purpose
Analyse	• Separate or break down information into parts and identify their characteristics or elements • Explain the different elements of a topic or argument and make reasoned comments • Explain the impacts of actions using a logical chain of reasoning
Assess	• Offer a reasoned judgement of the standard or quality of situations or skills. The reasoned judgement is informed by relevant facts
Calculate	• Work out the numerical value. Show your working unless otherwise stated
Classify	• Arrange in categories according to shared qualities or characteristics
Compare	• Give an account of the similarities and differences between two or more items, situations or actions
Conclude	• Judge or decide something
Describe	• Give an account that includes the relevant characteristics, qualities or events
Discuss (how/whether/etc)	• Present, analyse and evaluate relevant points (for example, for/against an argument) to make a reasoned judgement
Evaluate	• Make a reasoned qualitative judgement considering different factors and using available knowledge/experience
Examine	• To look at, inspect, or scrutinise carefully, or in detail
Explain	• Give reasons for and/or causes of something • Make something clear by describing and/or giving information
Interpret	• Translate information into recognisable form • Convey one's understanding to others, e.g. in a performance
Investigate	• Inquire into (a situation or problem)
Justify	• Give valid reasons for offering an opinion or reaching a conclusion
Research	• Do detailed study in order to discover (new) information or reach a (new) understanding
Summarise	• Express the most important facts or ideas about something in a short and clear form

We might also use other command words but these will be:

- commonly used words whose meaning will be made clear from the context in which they are used (e.g. create, improve, plan)
- subject specific words drawn from the unit content.

 © Cambridge OCR 2025

CAMBRIDGE
OCR

Examine with us

- Build confidence supporting your students with assessment
- Enhance subject knowledge
- Great for professional development

Join our team:
ocr.org.uk/assessor

Contact the team at:
01223 553998
support@ocr.org.uk
ocr.org.uk

To stay up to date with all the relevant news about our qualifications, register for email updates at **ocr.org.uk/updates**

Visit our Online Support Centre at **support.ocr.org.uk**

Sign up for **Teach Cambridge** to access your planning, teaching and assessment support material.

CAMBRIDGE
UNIVERSITY PRESS & ASSESSMENT

Cambridge OCR is part of Cambridge University Press & Assessment, a department of the University of Cambridge.

Cambridge OCR is a Company Limited by Guarantee and an exempt charity. Registered in England.
Registered office: The Triangle Building, Shaftesbury Road, Cambridge, CB2 8EA. Registered company number: 3484466.

We operate academic and vocational qualifications regulated by Ofqual, Qualifications Wales and CCEA as listed in their qualifications registers.

We are committed to providing a fully accessible experience across all our products, platforms, and websites. Find out more about our accessibility standards.

© Cambridge OCR 2025. All rights reserved. We retain the copyright on all our publications. However, our registered centres are permitted to copy and distribute our material for their own internal use, in line with any specific restrictions detailed in the publication. Find out more about our copyright policies.

We update our publications regularly so please check you have the most up-to-date version.

We cannot be held responsible for the persistence or accuracy of URLs for external or third-party internet websites referred to in this publication and do not guarantee that any content on such websites is, or will remain, accurate or appropriate.

When we update our specifications, you'll see a new version number and a summary of the changes. While we do our best to reflect these changes in all associated resources on Teach Cambridge, if you notice any discrepancies, please refer to the latest specification on our website and let us know.

Our resources do not represent any teaching method we expect you to use. We cannot be held responsible for any errors or omissions in our resources.